

<b>Case Number:</b>	CM15-0174370		
<b>Date Assigned:</b>	09/17/2015	<b>Date of Injury:</b>	08/28/2012
<b>Decision Date:</b>	10/23/2015	<b>UR Denial Date:</b>	07/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/04/2015

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: Texas, New York, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic neck pain reportedly associated with an industrial injury of August 28, 2012. In a Utilization Review report dated July 30, 2015, the claims administrator failed to approve a request for a 1-year gym membership. An RFA form received on July 23, 2015 was referenced in the determination. The applicant's attorney subsequently appealed. On July 7, 2015, the applicant reported ongoing complaints of low back pain. The note was somewhat blurred as a result of repetitive photocopying and faxing. The attending provider went on to appeal previously denied naproxen and Ultracet. The applicant exhibited tenderness about the lumbar spine. The applicant's gait was not clearly described. The attending provider stated that the applicant was in the process of returning to work despite having been made permanent and stationary by a medical-legal evaluator. A 1-year gym membership was sought. The applicant's work status was not clearly reported.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**One year gym membership:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg, Gym memberships; Official Disability Guidelines (ODG), Low Back, Gym memberships.

**MAXIMUS guideline:** Decision based on MTUS General Approaches 2004, Section(s): Cornerstones of Disability Prevention and Management, and Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

**Decision rationale:** No, the request for a 1-year gym membership was not medically necessary, medically appropriate, or indicated here. Page 98 of the MTUS Chronic Pain Medical Treatment Guidelines stipulates that applicants should be instructed in and are expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. In a similar vein, the MTUS Guideline in ACOEM Chapter 5, page 83 also notes that, to achieve functional recovery, applicants must assume certain responsibilities, one of which includes adhering to and maintaining exercise regimens. The 1-year gym membership at issue, thus, per both page 99 of the MTUS Chronic Pain Medical Treatment Guidelines and page 83 of the ACOEM Practice Guidelines, is an article of applicant responsibility as opposed to an article of payer responsibility. ODGs Low Back Chapter Gym Memberships topic further notes that gym memberships are not recommended as a medical prescription unless documented home exercise program had proven ineffectual and there is a need for specialized equipment. Here, the attending provider's July 7, 2015 progress note did not outline the failure of a home exercise program. The attending provider's commentary to the effect that the applicant was capable of returning to regular duty work, thus, strongly suggested that the applicant was in fact likewise capable of performing self-directed, home-based physical medicine without the gym membership at issue, as suggested on pages 98 and 99 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.