

<b>Case Number:</b>	CM15-0092051		
<b>Date Assigned:</b>	05/18/2015	<b>Date of Injury:</b>	01/25/2013
<b>Decision Date:</b>	06/22/2015	<b>UR Denial Date:</b>	04/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/13/2015

### 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 51-year-old who has filed a claim for chronic neck pain, back pain, headaches, and arm pain with derivative complaints of depression and anxiety reportedly associated with an industrial injury of January 25, 2013. In a Utilization Review report dated April 22, 2015, the claims administrator denied a gym membership. Progress notes of April 14, 2015 and March 10, 2015 were referenced in the determination. The applicant's attorney subsequently appealed. In separate RFA forms dated May 4, 2015, a gym membership, transportation to and from jury duty, and Opana were endorsed. In an associated progress note dated May 4, 2015, the applicant reported ongoing complaints of shoulder pain, 4-5/10, with ancillary complaints of headaches. The applicant's medications included Elavil, Inderal, Allegra, Ativan, verapamil, and Opana, it was reported. The applicant was placed off of work, on total temporary disability. A gym membership was being sought at the request of another of the applicant's treating providers, the primary treating provider (PTP) reported. In an RFA form dated April 20, 2015, a gym membership lasting three months at a rate of \$150 a month was sought, with little in the way of supporting rationale. The applicant was off of work, on total temporary disability, it was noted in an earlier note of January 20, 2015.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Gym membership/weight loss program:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 83, Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98. Decision based on Non-MTUS Citation ODG Integrated Treatment/ Disability Duration Guidelines Shoulder Disorders, Gym memberships.

**Decision rationale:** No, the request for a gym membership was not medically necessary, medically appropriate, or indicated here. Page 98 of the MTUS Chronic Pain Medical Treatment Guidelines notes that applicants are expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. The MTUS Guideline in ACOEM Chapter 5, page 83 likewise notes that, to achieve functional recovery, that applicants must assume certain responsibilities, one of which includes adhering to and maintaining exercise regimens. Thus, both the MTUS Chronic Pain Medical Treatment Guidelines and ACOEM seemingly espouse the position that gym memberships and the like are articles of applicant responsibility as opposed to articles of payer responsibility. Finally, ODG's Shoulder Chapter Gym Membership topic also notes that gym memberships are not recommended as a medical prescription unless a home exercise program has proven ineffectual and there is a need for equipment. Here, however, the attending provider's documentation was thinly and sparsely developed. It was not clearly established that a home exercise program had in fact proven ineffectual, nor did the attending provider clearly outline what specific equipment he intended for the applicant to use during the course of the gym membership in question. Therefore, the request was not medically necessary.