

<b>Case Number:</b>	CM15-0094989		
<b>Date Assigned:</b>	05/26/2015	<b>Date of Injury:</b>	12/20/2013
<b>Decision Date:</b>	06/24/2015	<b>UR Denial Date:</b>	04/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/19/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 injured worker is a 54 year old male, who sustained an industrial injury on 12/20/2013. He has reported injury to the right foot, right leg, and mid and low back. The diagnoses have included acute right S1 radiculopathy; chronic myofascial pain syndrome, thoracolumbar spine, moderate-to-severe; and status post fracture and surgery of first metatarsal right foot with residual pain and numbness of right foot. Treatment to date has included medications, diagnostics, trigger points injections, pool therapy, cane, physical therapy, and surgical intervention. Medications have included Tramadol, Naproxen, Wellbutrin SR, and Mirtazapine. A progress note from the treating physician, dated 03/16/2015, documented a follow-up visit with the injured worker. Currently, the injured worker complains of constant upper and lower back pain; pain is rated 6-8/10 on the pain scale, without medications; pain and numbness in the bilateral lower extremities; constant pain in his right ankle and right foot; has been walking with a boot on his right foot and with the aid of a cane; and he has been getting greater than 60-70% improvement in both his pain and ability to function with his current medications, which decrease his pain to 2-3/10 on the pain scale. Objective findings included restricted range of motion of the thoracic and lumbar spine; multiple myofascial trigger points and taut bands noted throughout the thoracic and lumbar paraspinal musculature, as well as in the gluteal muscles. Right ankle ranges of motion of the right ankle were moderately decreased in all directions; swelling of the right foot and palpable tenderness to the dorsum of the right foot; and decreased dorsiflexion in the right foot. The treatment plan has included the request for ortho evaluation right foot; and gym membership times 3 months.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Gym membership times 3 months:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back-Lumbar & Thoracic (Acute & Chronic), Gym memberships and Other Medical Treatment Guidelines American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 6: p87.

**Decision rationale:** The claimant sustained a work injury in December 2013 with fracture of the right first toe. He underwent reconstructive surgery in March 2014. He is being treated for ongoing low back, right foot, and intermittent right shoulder and left knee pain. When seen, he had right foot swelling with decreased strength and sensation. There was decreased ankle range of motion. He had multiple trigger points involving the thoracic and lumbar spine and gluteal muscles. He was using a cane. Trigger point injections were performed and medications were prescribed. Recommendations included home based stretching, pool exercises, deep breathing for meditation and relaxation, and a three month gym membership. His BMI is 30. A gym membership is not recommended as a medical prescription unless a documented home exercise program with periodic assessment and revision has not been effective and there is a need for equipment. If a membership is indicated, continued use can be considered if can be documented that the patient is using the facility at least 3 times per week and following a prescribed exercise program. Although a trial of pool therapy is likely appropriate for this claimant, there is no documentation of a prescribed exercise program. Therefore, the requested gym membership is not medically necessary.