

<b>Case Number:</b>	CM14-0140902		
<b>Date Assigned:</b>	09/10/2014	<b>Date of Injury:</b>	03/28/2012
<b>Decision Date:</b>	10/15/2014	<b>UR Denial Date:</b>	08/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/02/2014

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is a 44-year-old female who has submitted a claim for lumbar/lumbosacral disorder and sciatica associated with an industrial injury date of 03/28/2012. Medical records from 04/30/2014 to 08/15/2014 were reviewed and showed that patient complained of low back pain graded 4-5/10. Physical examination revealed decreased lumbar ROM, weakness of bilateral gluteus medius and plantarflexors. MRI of the lumbar spine dated 05/25/2012 revealed L4-5 disc degeneration. EMG/NCV of bilateral lower extremities dated 07/31/2012 revealed mild left L4 acute radiculopathy. Treatment to date has included functional restoration program, physical therapy, HEP, and pain medications. Of note, there was no discussion of periodic evaluation and revision of HEP and ineffectiveness of HEP. Utilization review dated 08/15/2014 denied the request for 13 week health club membership for the low back because unmonitored exercise program was not necessitated.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **13 Week Health Club Membership for the Low Back: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 12th Edition (web), 2014, Low Back Chapter, Gym Memberships

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist, & Hand Gym Memberships

**Decision rationale:** The California MTUS does not specifically address gym memberships. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, Official Disability Guidelines (ODG) was used instead. Official Disability Guidelines states that gym memberships are 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. With unsupervised programs, there may be risk of further injury to the patient. In this case, the patient made a request for gym membership to use a specific machine for gluteus and core muscle strengthening. However, there was no documentation of ineffective HEP with periodic assessment and evaluation to support gym membership. The medical necessity cannot be established due to insufficient information. Therefore, the request for 13 week health club membership for the low back is not medically necessary.