

<b>Case Number:</b>	CM14-0156818		
<b>Date Assigned:</b>	10/07/2014	<b>Date of Injury:</b>	09/22/2011
<b>Decision Date:</b>	11/07/2014	<b>UR Denial Date:</b>	09/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/24/2014

### 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 & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 injured worker is a 54-year-old male who reported an injury on 09/22/2011 due to manipulating containers weighing 1000 pounds in the back of a truck. The injured worker has diagnoses of low back pain, post lumbar laminectomy syndrome, and lumbar radiculopathy. Past medical treatment included physical therapy in 2012, 20 sessions, lumbar epidural steroid injection, surgery, and medications. Diagnostic testing included MRI, CT, x-rays of lower back and hips, dates were not included. The injured worker underwent left total hip replacement surgery on 11/08/2011, and lumbar spine surgery. The lumbar surgery was a facet cyst excision hemilaminotomy at the L4-5 level in 2004. The injured worker complained of low back pain on 08/15/2014. The injured worker stated that lower back pain radiates down to his left lower extremity, pain is associated with numbness, tingling, and weakness in the bilateral legs. The pain was rated as 2/10 to 3/10 at its best, and at its worst a 10/10, averaging the level of pain during the last 7 days to 6/10 to 7/10 on the pain scale. The injured worker stated that the pain is aggravated by walking, prolonged standing, prolonged sitting, reaching, doing overhead activities, kneeling, prolonged walking, stooping, crawling, bending forward, bending backward, lifting, and carrying items. The injured worker stated the symptoms remain unchanged since the injury. The pain in his lower back is 4% of his pain and the pain in his left leg is 6% of his pain. The physical examination of lumbar spine revealed no tenderness to palpation, range of motion revealed flexion at 40 to 60 degrees, extension at 10 to 25 degrees, right lateral bend at 10 to 25 degrees, and left lateral bend at 10 to 25 degrees. There was pain with end range lumbar flexion. Medications included Celebrex 200 mg, Ultram 50 mg, and Norco 10/325 mg. The treatment plan is for 12 months of gym membership. The rationale for the request was not submitted. The Request for Authorization form was not submitted.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Twelve (12) month gym membership:** 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), Low Back Chapter, Gym Membership Section

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

**Decision rationale:** The Official Disability Guidelines (ODG) state a gym membership is not recommended as a medical prescription unless a home exercise program has not been effective and there is a need for equipment. Plus, treatment needs to be monitored and administered by medical professionals. While an individual exercise program is of course recommended, more elaborate personal care where outcomes are not monitored by a health professional, such as gym memberships or advanced home exercise equipment may not be covered under this guideline, although temporary transitional exercise programs may be appropriate for patients who need more supervision. The most recent clinical note did not provide a physical examination detailing any significant functional deficits. There is lack of documentation stating a home exercise program has not been effective and there is need of equipment. Therefore, the request for Twelve (12) month gym membership is not medically necessary and appropriate.