

Case Number:	CM13-0005723		
Date Assigned:	03/21/2014	Date of Injury:	04/07/2008
Decision Date:	04/24/2014	UR Denial Date:	07/19/2013
Priority:	Standard	Application Received:	08/01/2013

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, has a subspecialty in Interventional Spine 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:

This patient is 36-year-old male with date of injury of 04/07/2008. Per treating physician's report, 06/10/2013, presenting symptoms of low back pain with symptoms of markedly improved with aqua therapy. Listed diagnoses are: (1) lumbago, (2) L4-L5 degenerative disk disease. Recommendation was to have the patient complete aquatic therapy. There is a request for authorization from 07/12/2013, requesting 1-year gym membership for self-directed aquatic therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

GYM MEMBERSHIP FOR ONE YEAR FOR SELF DIRECTED AQUATIC THERAPY:
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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

Decision rationale: This patient presents with low back pain. Patient recently benefitted from a course of aquatic therapy, and the treating physician has asked for a gym membership, so that self-directed water therapy can be continued. MTUS Guidelines do not discuss gym membership. However, the Official Disability Guidelines (ODG) state that it 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. In his case, it may be arguable that pool therapy, and therefore, a pool is a necessary equipment for this patient to continue the home exercises. However, there is no evidence that pool exercises are any superior to land-based exercises that the patient can perform at home, regardless of patient's subjective reports. Recommendation is for denial.