

Case Number:	CM13-0013843		
Date Assigned:	10/01/2013	Date of Injury:	04/08/2009
Decision Date:	01/24/2014	UR Denial Date:	08/12/2013
Priority:	Standard	Application Received:	08/19/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Occupational Medicine, 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 physician 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 has a date of injury of April 8, 2009, resulting in diagnoses of cervical spine degenerative disease, mild left carpal tunnel syndrome, neck pain, status post cervical fusion (Jun3 25, 2010), left shoulder pain, and status post cervical spine hardware removal. The patient has had conservative treatments, including physical therapy, exercise, work with modifications, and oral medications. On June 20, 2013, the physician stated the patient had improved in the left upper extremity, but had continued neck pain with left upper extremity discomfort, clean numbness, and tingling. The doctor prescribed medications, a gym membership with pool access, and Weight Watchers.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gym membership with pool access: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that aquatic therapy is "recommended as an optional form of exercise therapy, where available, as an alternative to

land-based physical therapy. Aquatic therapy (including swimming) can minimize the effects of gravity, so it is specifically recommended where reduced weight bearing is desirable, for example, extreme obesity. For recommendations on the number of supervised visits, see Physical medicine. Water exercised improved some components of health-related quality of life, balance, and stair climbing in females with fibromyalgia, but regular exercise and higher intensities may be required to preserve most of these gains." However, the request appears to be for a self-directed aquatic therapy program at a gym, since the request did not address supervision or a treatment plan. This request then falls under a gym membership, which is not medically necessary, per the Official Disability Guidelines. They state that gym membership is not recommended because there is no medical supervision and no specified exercise routine. The provider did not give a plan of treatment, including progress monitoring. Without this information, according to standard guidelines, this request is not medically necessary.