

<b>Case Number:</b>	CM13-0013992		
<b>Date Assigned:</b>	10/04/2013	<b>Date of Injury:</b>	04/11/2012
<b>Decision Date:</b>	01/10/2014	<b>UR Denial Date:</b>	07/30/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/20/2013

### 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 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 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.

### 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 29-year-old female who reported an injury on 04/11/2012 after a motor vehicle accident. She subsequently received conservative care to include chiropractic, physical therapy, acupuncture, imaging studies, and pain management. She continues to complain of generalized pain to all areas except her right upper and lower extremities. The patient's magnetic resonance imaging (MRI) of unknown date revealed mild posterior disc bulges at C3-C7 levels and degenerative disc changes causing minimal bulging of disc at L5-S1. A clinical note dated 07/11/2013 stated that the patient is fit and thin, had "surprisingly good" range of motion of cervical and lumbar spine, and noted that she had no neurological or motor deficits to her extremities.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One (1) gym membership for independent program between 7/11/2013 and 9/23/2013:**  
Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back - Lumbar & Thoracic (Acute & Chronic).

**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, Gym Memberships.

**Decision rationale:** The Official Disability Guidelines indicate that with unsupervised programs there is no information flow back to the provider to make necessary changes in the prescription, and there may be a risk of further injury to the patient. The guidelines do not recommended gym Final Determination Letter for IMR [REDACTED] 3 memberships unless documentation shows that a home exercise program with periodic assessment and revision has not been effective and there is a need for equipment. There was no such documentation included in the medical records provided for review. As such, the request for a gym membership is non-certified. The request for one (1) gym membership for independent program between 7/11/2013 and 9/23/2013 is not medically necessary and appropriate.

**Eight (8) Aquatic Therapy sessions between 7/11/2013 and 9/23/2013: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines May 2009, Aquatic Therapy.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy Page(s): 22.

**Decision rationale:** The Chronic Pain Guidelines indicate that aquatic therapy is recommended as an option for land-based physical therapy. Aquatic therapy can be used when weight bearing needs to be reduced, i.e. extreme obesity. The patient was noted to be fit and thin, and none of the clinical notes mentioned a need for reduced weight bearing, and a regular exercise program should be sufficient for the patient at this time. The request for eight (8) aquatic therapy sessions between 7/11/2013 and 9/23/2013 is not medically necessary and appropriate.