

<b>Case Number:</b>	CM13-0017047		
<b>Date Assigned:</b>	10/11/2013	<b>Date of Injury:</b>	10/19/1993
<b>Decision Date:</b>	10/02/2014	<b>UR Denial Date:</b>	08/26/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/27/2013

### 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 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 injured worker is a 74-year-old female who reported an injury on 10/19/1993. The mechanism of injury was not provided in the medical records. She is diagnosed with chronic midlumbar pain. Her past treatments were noted to include aqua therapy, medications, and surgery. On 08/01/2013, the injured worker presented with complaints of low back pain with no radiation. She rated her pain at 6/10 without medications and 3/10 to 4/10 with medications. It was noted that she was exercising at a pool 3 days per week, which she found helpful. Her physical examination revealed tenderness at the lower lumbar spine and a significant limp with ambulation. Her medications were noted to include Norco. A request was received for an [REDACTED] pool for one year membership to continue aqua exercises. The official Request for Authorization form was not provided in the medical records.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**[REDACTED] POOL FOR ONE YEAR MEMBERSHIP:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Low back, Gym memberships

**Decision rationale:** According to the Official Disability Guidelines, gym memberships are not recommended as a medical prescription, unless a documented home exercise program with periodic, formal assessment and revision has not been effective, and there is a specific need for equipment. In addition, the guidelines state that gym memberships, health clubs, and swimming pools are not generally considered medical treatment, as treatment needs to be monitored and administered by medical professionals. The clinical information submitted for review indicated that the injured worker was participating in an aquatic program and swimming at a pool, and was recommended for a 1 year membership. She was noted to have significant pain in her low back, as well as problems with her knees. However, there was no documentation showing objective functional deficits on physical examination. Moreover, the documentation failed to show that a formal home exercise program with reassessment and revision had failed to improve her condition. Moreover, the guidelines state that pool memberships are not generally recommended, as treatment needs to be supervised by medical professionals. For these reasons, the requested Pool Membership is not supported. As such, the request is not medically necessary.