

<b>Case Number:</b>	CM13-0034888		
<b>Date Assigned:</b>	12/11/2013	<b>Date of Injury:</b>	01/08/2010
<b>Decision Date:</b>	11/20/2014	<b>UR Denial Date:</b>	09/23/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/15/2013

### 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 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 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:

MTUS Guidelines supports the limited use of supervised aquatic therapy if there is an inability to perform gravity based exercises. The number of recommended supervised sessions is similar to other types of physical therapy i.e. 8-10 sessions. However, unsupervised aquatic therapy and gym programs are not discussed in the MTUS Guidelines. ODG Guidelines do address this issue and support such a program only if there is a documented need for special equipment, close medical monitoring, specific exercise goals and a limited trial periods. This request does not meet these conditions i.e. there no documentation of a need for specialized equipment, no mechanism of monitoring, no specific goals and the trial period exceeds what is generally recommended. The request for 6 month Gym with pool are not medically necessary.

### 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 FOR (6) MONTHS: 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 Aquatic Therapy Page(s): 22. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Gym membership.

**Decision rationale:** MTUS Guidelines supports the limited use of supervised aquatic therapy if there is an inability to perform gravity based exercises. The number of recommended supervised sessions is similar to other types of physical therapy i.e. 8-10 sessions. However, unsupervised aquatic therapy and gym programs are not discussed in the MTUS Guidelines. ODG Guidelines do address this issue and support such a program only if there is a documented need for special equipment, close medical monitoring, specific exercise goals and a limited trial periods. This request does not meet these conditions i.e. there no documentation of a need for specialized equipment, no mechanism of monitoring, no specific goals and the trial period exceeds what is generally recommended. The request for 6 month Gym with pool are not medically necessary.