

Case Number:	CM13-0045174		
Date Assigned:	12/27/2013	Date of Injury:	09/03/2008
Decision Date:	05/06/2014	UR Denial Date:	10/23/2013
Priority:	Standard	Application Received:	10/31/2013

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 Orthopedic Surgery, 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 claimant is a 47 year old who suffered a work-related accident on September 3, 2008. The records indicate an injury to the low back. The claimant continues to be with low back related complaints. A CT scan from 2010 showed evidence of prior lumbar discectomy and fusion at L5-S1. The progress report dated September 9, 2013 indicated ongoing complaints of low back and right hip related complaints stating a recent injection appears to have been a trochanteric bursa injection provided limited relief. At that time the claimant was recommended to continue home exercises, medication management, and modalities.

IMR ISSUES, DECISIONS AND RATIONALES

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

POOL MEMBERSHIP FOR 1 YEAR: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

Decision rationale: The California MTUS Guidelines are silent. When looking at the Official Disability Guidelines, the role of a gym/pool membership is not indicated. The formal exercise modality would not be considered medical treatment, but an individual form of exercise. The

claimant's current clinical records, clinical presentation, and physical diagnosis would not support the acute need of a pool membership. As stated above, these types of memberships are not generally considered medical treatment, but would be more consistent with a generalized healthy lifestyle. The request is not certified.