

<b>Case Number:</b>	CM13-0046562		
<b>Date Assigned:</b>	01/29/2014	<b>Date of Injury:</b>	09/04/2009
<b>Decision Date:</b>	05/07/2014	<b>UR Denial Date:</b>	10/14/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/01/2013

### 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:

The applicant is a represented [REDACTED], Inc., employee who has filed a claim for chronic neck and low back pain reportedly associated with an industrial injury of September 4, 2009. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; unspecified amounts of chiropractic therapy, physical therapy, and acupuncture; and extensive periods of time off work. In a utilization review report of October 4, 2013, the claims administrator denied a request for a health club membership for pool therapy for one year. The applicant appealed, in a letter dated October 17, 2013. The applicant stated that he is interested both in the gym component of the membership as well as in the pool treatment. The applicant states that it is convenient for him to use the indoor pool in winter and use the outdoor pool in the summer. The applicant states that the provision of the membership in question would be convenient for him owing to his age, the fact that it is located very close to him, and owing to the fact that the indoor pool is available. The applicant also states that the club in question provides a discounted rate for senior citizens. In a September 5, 2013, progress note, the applicant is described as having a flare of discogenic pain. Additional manipulative therapy is sought. The applicant is not working, it is stated.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**HEALTH CLUB MEMBERSHIP FOR POOL THERAPY FOR 1 YEAR:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 299,301.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management, Chronic Pain Treatment Guidelines AQUATIC THERAPY TOPIC Page(s): 83,22.

**Decision rationale:** In this case, however, while the applicant has ongoing issues with neck and low back pain, there is no evidence that reduced weight-bearing is desired. The applicant does not seemingly have any issues with gait derangement appreciated on any recent office visit. It is further noted that the MTUS Guideline in ACOEM Chapter 5, page 83, states that applicants must assume certain responsibilities to achieve a functional recovery, one of which includes maintaining to and adhering to exercise regimens. Thus, the gym membership being sought by the applicant has been deemed by ACOEM to be a matter of applicant responsibility as opposed a matter of payer responsibility. Therefore, the request is not certified, for all the stated reasons.