

<b>Case Number:</b>	CM13-0050198		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	10/29/2006
<b>Decision Date:</b>	04/25/2014	<b>UR Denial Date:</b>	10/24/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/12/2013

### 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 Pain Management, has a subspecialty in Interventional Spine 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:

This is a 6'1", 280 lbs, 50 year-old male who was injured on 10/29/06. He has been diagnosed with chronic pain syndrome. According to the 10/7/13 report, he presents with 7/10 back pain, and the physician requested a gym membership. On 10/24/13 Utilization Review (UR) denied a gym membership.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**GYM MEMBERSHIP:** 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:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22..

**Decision rationale:** The patient presents with back pain and has been diagnosed with chronic pain syndrome. He is 6'1", 280 lbs, and was recommended for a gym membership, for the aquatic therapy. MTUS does support aquatic therapy as an option for land-based therapy when decreased weight-bearing is desirable. However, MTUS also states for the number of supervised aquatic therapy sessions, see the Physical Medicine section. MTUS states for

myalgias and neuralgias, 8-10 sessions of therapy are indicated. MTUS did not mention unsupervised aquatic therapy sessions. ODG guidelines for a gym membership were consulted. ODG does not consider gym memberships as medical treatment. ODG and MTUS requires the treatment be monitored and supervised by medical professionals. The request for a gym membership without medical monitoring or supervision is not in accordance with ODG or MTUS guidelines.