

<b>Case Number:</b>	CM13-0053384		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	08/20/2002
<b>Decision Date:</b>	03/21/2014	<b>UR Denial Date:</b>	10/21/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/18/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Oklahoma and Texas. 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 physician 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 patient is a 58-year-old female who reported injury on 08/20/2002 with the mechanism of injury being the patient was assisting a tenant in hanging curtains and the tenant began to fall and the patient tried to hold the tenant up. The DWC Form RFA and PR-2 dated 10/07/2013 revealed the patient had completed 14 sessions of 16 sessions of water therapy. The patient had a straight leg raise that increased the low back pain. The patient had mild tenderness in the paraspinal muscles of the lumbar spine. The rest of the examination was difficult to read. The diagnoses were noted to be lumbosacral spondylosis and lumbar spinal stenosis. The treatment plan was noted to include the patient will complete the remaining 2 sessions of aqua therapy and, too, the patient would benefit from a gym membership with access to a pool for 6 months and medication refills.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**A six month gym membership with pool access for the lumbar spine:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) , Low Back Chapter, Gym Memberships.

**Decision rationale:** Official Disability Guidelines do not recommend gym memberships unless a documented home exercise program with periodic assessment and revision has not been effective and there is a need for equipment, and that treatment needs to be monitored and administered by medical professionals. Additionally, gym memberships and swimming pools would not be considered medical treatment and are not covered under these guidelines. The clinical documentation submitted for review indicated the patient was participating in an aquatic therapy program. There was a lack of documentation indicating objective functional deficits to support the necessity for further aquatic therapy or pool therapy. There was a lack of documentation indicating that the patient had a home exercise program that was not effective and there was a need for equipment. Given the above and the lack of documentation of exceptional factors to warrant non-adherence to guideline recommendations, the request for gym membership for 6 months with pool access for lumbar spine is not medically necessary.