

<b>Case Number:</b>	CM13-0060632		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	10/06/2003
<b>Decision Date:</b>	04/02/2014	<b>UR Denial Date:</b>	11/01/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/03/2013

### 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, 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 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 59 year old female with date of injury 10/6/03. The treating physician report dated 9/26/13 does not list the patient's subjective complaints and there is no diagnosis provided. There are exam findings of limited lumbar mobility and extremely limited neck mobility, she has difficulty talking as it aggravates her headaches. The utilization review report dated 11/1/13 denied the request for one year pool membership based on extensive therapy already provided and that the patient should be well educated in a home exercise program.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Decision for 1 year pool membership:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

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

**Decision rationale:** The patient has chronic lumbar and cervical pain as outlined in a pain management treating physician report dated 10/8/13. The treating physician report dated 9/26/13 requests authorization for the patient to obtain a gym and pool membership for one year. There

is no documentation of prior responses to physical therapy. There is no documentation of failure of a home exercise program. There is no documentation that outlines why a one year non supervised gym membership is medically necessary. While this may be nice for the patient, there is no medical evidence to support the request. The MTUS guidelines do not address gym memberships. The ODG guidelines states that they are not recommended as a medical prescription unless a documented home exercise program with periodic assessment and revision has not been effective and there is a need for equipment. There is nothing in the medical reports reviewed from 6/6/13 through 11/5/13 to support this request. Recommendation is for denial.