

<b>Case Number:</b>	CM13-0064320		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	02/03/2001
<b>Decision Date:</b>	04/04/2014	<b>UR Denial Date:</b>	11/24/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/11/2013

### 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 Family Practice and is licensed to practice in 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 48 year old female who reported an injury on 03/04/1991. The mechanism of injury was not provided for review. The patient's treatment history included surgical intervention and aquatic pool therapy. The patient's most recent clinical evaluation documented that the patient had persistent pain complaints of low back pain radiating into the bilateral lower extremities. Physical findings included tenderness to palpation along the pelvic brim and sciatic notch bilaterally with limited range of motion secondary to pain. A request was made for a gym membership with aquatic access to continue aquatic exercises 3 times per week.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Gym Membership at a facility with a pool for Aquatic Exercise:** 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), Low Back, Gym Memberships

**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:** The requested gym membership at a facility with a pool for aquatic exercises is not medically necessary or appropriate. The Official Disability Guidelines do not support gym memberships as medically necessary unless the patient fails to respond to a home exercise program and requires additional equipment that cannot be supplied within the home. Clinical documentation does support that the patient has participated in aquatic therapy. However, the clinical documentation submitted for review does not provide any evidence of barriers preclude transitioning the patient into a land-based therapy program. For the need for a pool is not clearly established within the submitted documentation. As such, the request gym membership at a facility with a pool for aquatic exercises is not medically necessary or appropriate.