

<b>Case Number:</b>	CM14-0003138		
<b>Date Assigned:</b>	01/31/2014	<b>Date of Injury:</b>	06/13/2011
<b>Decision Date:</b>	06/19/2014	<b>UR Denial Date:</b>	12/11/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/09/2014

### 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 patient is an employee of [REDACTED] and has submitted a claim for low back pain associated with an industrial injury date of June 13, 2011. Treatment to date has included medications, physical therapy, epidural injection, and 4 out of 6 aquatic therapy sessions. Medical records from 2013 through 2014 were reviewed, which showed that the patient complained of low back pain. On physical examination, there was tenderness of the lumbar paraspinals and sacroiliac joints. Range of motion was decreased and straight leg raise test was positive. There were no motor deficits but sensation was decreased on the left lower extremity at the S1 distribution. Utilization review from December 11, 2013 denied the request for gym membership with pool, 6 months, because the patient was reported to have completed 6 aquatic therapy visits but there was no documentation of functional improvement.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**GYM MEMBERSHIP WITH POOL, FOR 6 MONTHS:** 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 Chapter (Updated 10/09/13), 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:** CA MTUS does not specifically address gym memberships. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines (ODG) was used instead. ODG states that gym memberships 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. In this case, there was no documentation regarding participation of the patient in a home exercise program. Furthermore, the medical records did not specify the necessity for equipment. Moreover, the medical records state that the patient responded to aquatic therapy; however, individual exercises done in gyms with swimming pools are not guided by medical professionals. Guidelines state that treatment needs to be monitored and administered by medical professionals. With unsupervised programs, there is no information flow back to the provider, so he or she can make changes in the prescription, and there may be risk of further injury to the patient. There is no clear indication for gym membership; therefore, the request for gym membership with pool, for 6 months is not medically necessary.