

<b>Case Number:</b>	CM14-0003764		
<b>Date Assigned:</b>	02/03/2014	<b>Date of Injury:</b>	05/26/2012
<b>Decision Date:</b>	06/20/2014	<b>UR Denial Date:</b>	12/23/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/10/2014

### 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 Physical Medicine & Rehabilitation, 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 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 injured worker is a 29-year-old male with a reported date of injury on 05/26/2012. The mechanism of injury was not provided. The clinical note dated 01/22/2014 noted that the injured worker had complaints that included 5/10 pain to the axial back with radiating pain that has decreased following L4-L5 intertransverse fusion performed on 09/03/2013. It is noted that the injured worker estimated that he felt about 70% improved. Objective findings included range of motion measured at 12" for flexion and 60% for extension and a normal neurological exam. It was noted that the injured worker had previously underwent seven (7) sessions of aquatic therapy and twelve (12) sessions of land based therapy. The request for authorization form for a gym membership for 3 to 6 months and water therapy 2x4 weeks was submitted on 12/17/2013.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**GYM MEMBERSHIP 3-6 MONTHS, (QUANTITY: 1.00): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES 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:** It was noted that the injured worker had complaints that included 5/10 pain to the axial back with radiating pain that has decreased following L4-L5 intertransverse fusion performed on 09/03/2013. It is noted that the injured worker estimated that he feels about 70% improved. Objective findings included range of motion measured at 12" for flexion and 60% for extension and a normal neurological exam. It was noted that the injured worker had previously underwent 7 sessions of aquatic therapy and 12 sessions of land based therapy. The Official Disability Guidelines (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. Additionally, the treatment needs to be monitored and administered by medical professionals. There is a lack of evidence within the available documentation the injured worker would be supervised by medical professional during the gym sessions. Additionally, the request does not appear to be part of a documented home exercise program. As such, this request is non-certified.

**WATER THERAPY TWO (2) TIMES A WEEK FOR FOUR (4) WEEKS, (QUANTITY 8.00): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES LOW BACK AQUATIC THERAPY.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines AQUATIC THERAPY, Page(s): 22. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES ,

**Decision rationale:** It was noted that the injured worker had complaints that included 5/10 pain to the axial back with radiating pain that has decreased following L4-L5 intertransverse fusion performed on 09/03/2013. It is noted that the injured worker estimated that he feels about 70% improved. Objective findings included range of motion measured at 12" for flexion and 60% for extension and a normal neurological exam. It was noted that the injured worker had previously underwent 7 sessions of aquatic therapy and 12 sessions of land based therapy. The California MTUS guidelines recommended aquatic therapy as an optional form of exercise therapy as an alternative to land based physical therapy. Aquatic therapy can minimize the effects of gravity, so it is specifically recommended where reduced weight bearing is desirable for a total of 10 visits over weeks. Based on the documentation provided there is a lack of evidence to suggest that aquatic therapy versus land based therapy is medically necessary. Additionally, the request would exceed the recommended maximum number of sessions. As such, this request is non-certified.