MAXIMUS Federal Services

| Case Number: | CM14-0101461 | | |
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| Date Assigned: | 07/30/2014 | Date of Injury: | 09/08/2006 |
| Decision Date: | 10/15/2014 | UR Denial Date: | 06/27/2014 |
| Priority: | Standard | Application Received: | 07/01/2014 |

## 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 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 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 a 57 year old female with an injury date on 09/08/2006. Based on the 06/12/2014 progress report provided by [redacted] the patient complains of neck pain, mid back pain, and lower backache. The patient's pain decreases from a 9/10 to a 2/10 with medications. She also complains of poor quality of sleep and a decrease in activity level. The progress reports do not discuss any positive exam findings. The diagnoses include the following: 1.Thoracic Pain 2.Cervical Pain 3.Cervical Spondylosis 4.Spinal/Lumbar DDD 5.Spasm of muscle. [redacted] is requesting for gym membership with pool access and personal trainer X 12 months. The utilization review determination being challenged is dated 06/27/2014. [redacted] is the requesting provider, and he provided treatment reports from 12/13/2013 to 06/12/2014.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Request for gym membership with pool access and personal trainer x 12 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/TREATMENT IN WORKERS COMPENSATION/LOW BACK

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG guidelines on Gym membership for low back chapter

**Decision rationale:** According to the 06/12/2014 report by [redacted] this patient presents with neck pain, mid back pain, and lower backache. The provider is requesting for gym membership with pool access and personal trainer X 12 months. The Official Disability Guidelines (ODG) states, "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. Plus, treatment needs to be monitored and administered by medical professionals." Review of reports from 04/10/14 to 06/12/14 indicates that the patient's "Aquatherapy in the past was very beneficial. She notes that her pain flares up when attempting land based exercise but is able to move well in the water and would like to start swimming regularly for exercise and to increase her strength." In this case, the provider states that this patient needs a pool to do water exercises and that land exercises are making the symptoms worse. However, ODG guidelines state under exercise that one type of exercise is not superior to another type. The request 12 months is excessive without medical supervision. There is also no guidelines support for a personal trainer. Recommendation is for not medically necessary.