

<b>Case Number:</b>	CM14-0107018		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	05/01/2010
<b>Decision Date:</b>	09/12/2014	<b>UR Denial Date:</b>	06/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/10/2014

### 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 Orthopedic Surgeon 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 injured worker is a 53-year-old male who reported an injury on 05/01/2010 due to a lifting injury. The injured worker reportedly sustained an injury to his low back. The injured worker's treatment history included physical therapy, a TENS unit, medications, and epidural steroid injections. The injured worker was evaluated on 05/30/2014. It was noted that the injured worker had significant pain complaints of the low back radiating into the bilateral lower extremities. Physical findings included decreased lumbosacral range of motion with a positive straight leg raising test bilaterally and tenderness to palpation and myospasming of the paravertebral musculature. The injured worker's diagnoses included lumbosacral sprain, myofascitis, and radiculopathy. The injured worker's treatment plan included continuation of medications. ■

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Three (3) month membership fitness center for structured hydro-therapy.:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Page(s): 98-99. Decision based on Non-MTUS Citation ODG, Treatment Index, 12th Edition (wed), 2014, Low Back Chapter, Gym Memberships.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy Page(s): 22. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Gym Memberships.

**Decision rationale:** The requested 3 month membership fitness center for structured hydrotherapy is not medically necessary or appropriate. California Medical Treatment Utilization Schedule recommends aquatic therapy for injured workers who cannot tolerate traditional land-based therapy due to inability to bear weight. The clinical documentation submitted for review does not provide any evidence that the injured worker has an inability to bear weight and requires a nonweight bearing environment to participate in active therapy. Official Disability Guidelines do not support the use of gym memberships as a medical prescription as there is no way to determine or address or adjust treatment planning due to a lack of skilled supervision. The clinical documentation does not provide any justification for the need for additional hydrotherapy. As such, the requested 3 month membership fitness center for structured hydrotherapy is not medically necessary or appropriate.