

<b>Case Number:</b>	CM14-0016093		
<b>Date Assigned:</b>	06/04/2014	<b>Date of Injury:</b>	12/19/2008
<b>Decision Date:</b>	07/10/2014	<b>UR Denial Date:</b>	01/31/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/07/2014

### 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 Surgery 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 employee is a 63-year-old female who states that she sustained a work related injury to her lower back and right hip on December 19, 2008 when she slipped and fell. The injured employee was seen most recently on December 11, 2013 and complained of upper back pain, lower back pain, and left leg numbness. The medical record states that 50% pain relief was achieved by using Norco, and this medication improved the injured employee's general function and activities of daily living by 80%. The physical examination on this date noted slightly decreased lumbar range of motion. Trigger points and muscle spasms were noted along the thoracic and lumbar paraspinal musculature. There was a positive right sided straight leg raise at 30 and left sided straight leg raise at 70. There was decreased sensation bilaterally in both calfs. Right foot dorsiflexion strength was rated at 4+/5. There was a diagnosis of right L4-L5 radiculopathy, chronic myofascial pain syndrome and anxiety/major depression. Norco, Flexeril, Xanax, and Celexa were prescribed. A home exercise program and aquatic therapy were recommended. A utilization review, dated January 31, 2014, medically certified a request from Norco and did not medically certify a request for a gym membership to participate in aquatic therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**GYM MEMBERSHIP FOR DAILY AQUATIC THERAPY QTY:1: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**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 - Lumbar & Thoracic (Acute & Chronic), Gym memberships, updated June 10, 2014.

**Decision rationale:** While the injured employee is encouraged to participate in a home exercise program and aquatic therapy at a pool for general health and possible relief of low back pain, a gym membership for aquatic therapy cannot be justified unless the injured employee is accompanied by medical health professional to personally monitor and administer a therapeutic program. Without this type of professional medical supervision, this request for membership to participate in daily aquatic therapy is not medically necessary.