

<b>Case Number:</b>	CM14-0133623		
<b>Date Assigned:</b>	08/22/2014	<b>Date of Injury:</b>	06/07/1999
<b>Decision Date:</b>	10/03/2014	<b>UR Denial Date:</b>	08/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/18/2014

### 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 Internal Medicine, has a subspecialty in Pulmonary Diseases 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 61-year-old female who reported an injury on 06/07/1999. The mechanism of injury was not provided within the medical records. The clinical note dated 07/24/2014 indicated the injured worker had neck pain the she reported was worse. The injured worker reported she needed assistance cleaning house and with anything overhead. The injured worker reported she was sleeping 4 hours per night. The injured worker reported her pain level 6/10 to 7/10 without medications and with medications, her pain was 4/10 to 5/10. The injured worker reported she had not attended any therapy; however, she had prescribed exercises at home such as breathing, lifting, pulling, and vacuuming. The injured worker reported she had 2 sessions of hand therapy; however, the injured worker reported it was a waste of time. The injured worker reported the only therapy that had helped was pool therapy. The injured worker's treatment plan included request for pool therapy for 12 months. The injured worker's prior treatments were not provided within the documentation. The injured worker's medication regimen included hydrocodone, diazepam, Zoloft, and Pristiq. The provider submitted a request for pool membership for 1 year. A Request for Authorization was not submitted for review to include the date the treatment was requested.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pool membership for one year:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Lumbar Chapter, Physical Therapy (PT) and Exercise

**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, Gym Memberships.

**Decision rationale:** The Official Disability Guidelines state 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. While an individual exercise program is of course recommended, more elaborate personal care where outcomes are not monitored by a health professional, such as gym memberships or advanced home exercise equipment, may not be covered under this guideline, although temporary transitional exercise programs may be appropriate for patients who need more supervision. Gym memberships, health clubs, swimming pools, athletic clubs, etc., would not generally be considered medical treatment, and are therefore not covered under these guidelines. There is a lack of objective clinical findings of orthopedic or neurological deficiencies to support pool therapy. Additionally, there is a lack of documentation regarding the injured worker's inability to participate in land-based exercise, such as decreased weight bearing or obesity. In addition, membership health club swimming pools are not considered medical treatment. Furthermore, the request does not indicate a body part. Therefore, the request is not medically necessary.