

<b>Case Number:</b>	CM14-0153136		
<b>Date Assigned:</b>	09/23/2014	<b>Date of Injury:</b>	03/23/2000
<b>Decision Date:</b>	10/24/2014	<b>UR Denial Date:</b>	08/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/19/2014

### 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 Neuromuscular Medicine and is licensed to practice in Maryland. 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 56 year old female with a work injury dated 3/23/00. The diagnoses include low back pain, status post lumbar spine fusion; status post anterior cervical discectomy and fusion; left shoulder pain; left hand/wrist and left hip, left knee pain; status post right knee arthroscopy; depression/Anxiety; left ankle pain secondary to back pain which caused a fall; left hip tendonitis/bursitis; right knee internal derangement Under consideration is a request for gym and pool membership and Aqua therapy, eight (8) visits for the lumbar spine, two (2) times a week for four (4) weeks. There is a primary treating physician report dated 8/22/14 that states that the patient presents today with ongoing low back pain. She recently had an epidural injection which provided her with significant amount of back pain relief. She also continues to experience occasional bilateral lower extremity radiculopathy. On exam the patient has an antalgic gait. She is unable to heel and toe walk on the left due to ankle and foot/heel pain. There is tenderness, spasm and tightness in the paraspinous musculature of the lumbar region. Midline tenderness is noted in the lumbar region. Sensation, motor exam and reflexes are normal. The treatment plan states that there is a request for await authorization for the aqua therapy as well as the one year membership to the [REDACTED].

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Gym and pool membership:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG (Official Disability Guidelines); Gym and pool 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 - Lumbar & Thoracic (Acute & Chronic)-gym membership

**Decision rationale:** Gym and pool membership are not medically necessary per the ODG Guidelines. The MTUS does not specifically address gym memberships. The ODG does not recommend gym membership 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. With unsupervised programs there is no information flow back to the provider, so he or she can make changes in the prescription, and there may be risk of further injury to the patient. Gym memberships, health clubs, swimming pools, athletic clubs, etc., would not generally be considered medical treatment, and are therefore not covered under these guidelines. The documentation submitted does not reveal that periodic assessment and revision of a documented home exercise program has not been effective. The request for gym and pool membership are not medically necessary.

**Aqua therapy, eight (8) visits for the lumbar spine, two (2) times a week for four (4) weeks:**  
Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG (Official Disability Guidelines); Aquatic therapy

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
AQUATIC THERAPY; PHYSICAL MEDICINE Page(s): 22; 98-99.

**Decision rationale:** Aqua therapy, eight (8) visits for the lumbar spine, two (2) times a week for four (4) weeks. Per documentation the patient received authorization on 6/12/14 for aquatic therapy 8 sessions for the lumbar spine. An additional 8 visits would exceed guideline recommendations of up to 10 visits for this condition. Additionally the outcome of prior therapy is not clear. Furthermore, it is unclear why the patient cannot perform land based therapy. The request for aqua therapy , 8 visits lumbar spine 2 times a week for 4 weeks is not medically necessary.