

<b>Case Number:</b>	CM14-0166915		
<b>Date Assigned:</b>	10/14/2014	<b>Date of Injury:</b>	12/01/2003
<b>Decision Date:</b>	11/17/2014	<b>UR Denial Date:</b>	09/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/09/2014

### 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 Occupational Medicine, 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 applicant is a represented ( ) employee who has filed a claim for chronic neck, back, wrist, and elbow pain reportedly associated with industrial injury of December 1, 2003. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; and unspecified amounts of physical therapy over the course of the claim. In a Utilization Review Report dated September 22, 2014, the claims administrator denied a request for pool and gym membership for one year, invoking non-MTUS ODG Guidelines in its denial. The applicant attorney subsequently appealed. In a June 2, 2014 handwritten progress note, the applicant reported multifocal complaints of hand, wrist, forearm, and elbow pain. The note was difficult to follow. Neck pain was also incidentally noted. An ergonomic evaluation, topical compounds, and water therapy were endorsed, along with prescriptions for oral Diclofenac and Tylenol No. 3. The 24-hour fitness gym membership was apparently endorsed through handwritten progress note dated September 15, 2014, in which topical compounds were again renewed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pool and gym membership, 1 year:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ; Treatment in Workers Compensation (TWC) Low Back Procedure Summary

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 83.

**Decision rationale:** As noted in the MTUS-adopted ACOEM Guidelines in Chapter 5, page 83, to achieve functional recovery, applicants must assume certain responsibility, one of which includes adhering to and maintaining exercise regimens. The pool and gym membership being sought here, thus, per ACOEM, is an article of applicant responsibility as opposed to an article of payor responsibility. The attending provider failed to outline any compelling applicant-specific rationale so as to offset the unfavorable ACOEM position on article at issue. Therefore, the request is not medically necessary.