

<b>Case Number:</b>	CM14-0030371		
<b>Date Assigned:</b>	04/09/2014	<b>Date of Injury:</b>	02/12/2004
<b>Decision Date:</b>	07/02/2014	<b>UR Denial Date:</b>	12/21/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/24/2014

### 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 and is licensed to practice in Internal Medicine. 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 an employee of [REDACTED] and has submitted a claim for low back and knee pain with an industrial injury date of February 12, 2004. Treatment to date has included medications, physical therapy, home exercise program, lumbar epidural steroid injection, lumbar medial branch blocks, right knee injection, right knee surgery, and L5-S1 fusion surgery. Utilization review from December 21, 2013 denied the prospective request for 1 six month pool membership because guidelines do not recommend gym memberships as a medical prescription. Medical records from 2013 were reviewed, which showed that the patient complained of low back and knee pain, 8-10/10 without medications and 6-7/10 with medications. On physical examination, she ambulated with a cane. She walked slow and had a wide-based gait. There was tenderness along the lumbar paraspinal muscles bilaterally. There was crepitation with range of motion of both knees. There was mild swelling along the knee joint line, right greater than left, and pain along the joint line bilaterally.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ONE SIX MONTH POOL MEMBERSHIP:** 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).

**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 Chapter, Gym Membership Section.

**Decision rationale:** The California MTUS does not address pool memberships; however, the Official Disability Guidelines does not recommend gym memberships unless a documented home exercise program with periodic assessment and revision has not been effective and there is a need for equipment. In addition, treatment needs to be monitored and administered by medical professionals. In this case, there is no evidence that attempts at home exercise were ineffective or that the patient would require specialized equipment. There is also no indication that treatment will be administered and monitored by medical professionals. Furthermore, gym memberships, health clubs, swimming pools, athletic clubs, etc., are not generally considered medical treatment. Therefore, the request for one six month pool membership is not medically necessary.