

<b>Case Number:</b>	CM14-0030603		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	06/06/1994
<b>Decision Date:</b>	07/17/2014	<b>UR Denial Date:</b>	03/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/10/2014

### 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 Anesthesiology and Pain Medicine and is licensed to practice in Florida. 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 73 year old female who reported an injury on 06/06/1994 due to an unknown mechanism of injury. The injured worker complained of low back pain. On 02/25/2014 the physical examination revealed tenderness to the midline of the lumbar spine. The active range of motion at flexion were full and asymptomatic to 75 degrees and extension restricted to 5 degrees. There were no diagnostic test provided for review. The injured worker had a diagnosis of lumbar spondylosis. The past treatment included massage therapy, assistive devices, applying heat, injection therapy, medication therapy and physical therapy. The injured worker was on tramadol since at least 02/27/2013. The current treatment plan is for a gym membership for independent aquatic exercise program quantity 13. The rationale and request for authorization form were not submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Gym membership for independant aquatic exercise program QTY:13: 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, GYM MEMBERSHIPS.

**Decision rationale:** The request for a gym membership for independent aquatic exercise program quantity 13 is non-certified. The ODG guidelines state that 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. The documentation provided does not indicate that any home exercise program had been implemented. In addition, the request is for independent aquatic exercise and per the guidelines treatment must be monitored by a medical professional. Given the above, the request for a gym membership for independent aquatic exercise program quantity 13 is not medically necessary.