

<b>Case Number:</b>	CM14-0041225		
<b>Date Assigned:</b>	06/30/2014	<b>Date of Injury:</b>	05/17/2001
<b>Decision Date:</b>	09/16/2014	<b>UR Denial Date:</b>	03/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/08/2014

### 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 and is licensed to practice in Texas. 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 57 year old female whose date of injury is 05/17/2001. The injured worker fell on a broken chair onto her left foot. The mechanism of injury is not described. Treatment to date includes bracing, implanted stimulator, injection therapy, lumbar surgery x 2 and medication management. Progress note dated 02/24/14 indicates that the injured worker complains of left lower extremity and low back pain. The injured worker requests access to group water exercise to increase her activity. On physical examination pain level is rated as 2/10. Gait favors the left leg. There is mild tenderness over the left SI joint and greater trochanter. Diagnosis is complex regional pain syndrome left lower extremity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **6 Month Gym Membership for Group Water Exercise: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG(The Official Disability Guidelines) Low Back Chapter, Gym 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 Chapter, Gym memberships.

**Decision rationale:** Based on the clinical information provided, the request for 6 month gym membership for group water exercise is not recommended as medically necessary. The submitted records fail to establish that a home exercise program has failed or that there is a need for equipment as required by the Official Disability Guidelines. Additionally, the Official Disability Guidelines generally do not recommend gym memberships as medical treatment as there is a lack of information flow back to the provider, and there may be risk of further injury to the injured worker.