

<b>Case Number:</b>	CM14-0043697		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	09/05/2003
<b>Decision Date:</b>	08/26/2014	<b>UR Denial Date:</b>	03/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/10/2014

### 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 Physical Medicine and Rehabilitation and is licensed to practice in Texas and Ohio. 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 female who reported an injury on 09/05/2003. The date of birth and mechanism of injury was not disclosed. On 03/19/2014, the injured worker presented with increased cramping in the leg and bilateral elbow and wrist pain. Examination of the cervical spine there was moderate tenderness in the bilateral cervical paraspinals, trapezius, shoulder, scapular region. There was decreased range of motion and a negative Spurling's. Examination of the lumbar spine noted moderate tenderness over the bilateral lumbar paraspinals, decreased range of motion and a negative straight leg raise. Muscle strength was a 5/5 in all muscle groups in upper extremities. Reflexes were 2/4 in the triceps, biceps and brachioradialis. The diagnoses were cervical spine pain, cervical spine radiculopathy, cervical spine degeneration. The prior therapies included medications. The provider recommended a thermal swim exercise spa and a [REDACTED] membership for 3 months to build endurance for upper and lower body strength and lessen the chance of straining a muscle or flareup of pain. The Request for Authorization Form was not included in the medical documents for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Thermo Swim/Exercise Spa (installed at home):** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 299 & 301.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg, Durable Medical Equipment (DME).

**Decision rationale:** The Official Disability Guidelines state there if there is a medical need and if the device or system meets Medicare's definition of durable medical equipment, it would be generally recommended. Medical conditions are result in physical limitations for injured workers may require injured worker's education and modifications to the home environment for a prevention of injury, but environmental modifications are considered no primarily medical in nature. Criteria for use of a DME include that it could withstand repeated use, primarily and customarily used to serve a medical purpose, generally not useful to a person in the absence of injury or illness and is appropriate for use in an injured worker's home. As a thermal swim exercise spa is primarily and customarily not used to serve a medical purpose, it would not be indicated. As such, the request is not medically necessary.

██████ **membership x 3 months:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment for Workman's Compensation, 2014 low Back, Lumbar and Thoracic.

**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 Membership.

**Decision rationale:** The Official Disability Guidelines recommend exercise as part of dynamic rehabilitation program, but note that gym membership is not recommended as a medical prescription unless a home exercise program has not been effective and there is a need for equipment. Exercise treatment needs to be monitored and administered by medical professionals. There is no documentation of failed home exercise or the injured worker's need for a specific equipment that would support the medical necessity for a gym membership. Therefore, the request is not medically necessary.