

<b>Case Number:</b>	CM14-0054785		
<b>Date Assigned:</b>	07/07/2014	<b>Date of Injury:</b>	10/10/2007
<b>Decision Date:</b>	08/07/2014	<b>UR Denial Date:</b>	04/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/23/2014

### 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, has a subspecialty in Interventional Spine 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 patient is a 41-year-old female with an injury date of 10/10/07. Based on the 03/18/14 progress report provided by [REDACTED], the patient complains of neck and lower back pain. There are no specific pain locations provided, nor were there any positive exam findings. The patient's diagnoses include the following: Cervical facet syndrome, Depression with anxiety, Disc disorder lumbar, Lumbar and lumbosacral fusion of the anterior column, posterior technique, Myalgia and myositis (not otherwise specified), Radiculopathy. [REDACTED] is requesting for the following: 1 year gym membership and 12 physical therapy (aquatic) sessions. The utilization review determination being challenged is dated 04/09/14. [REDACTED] is the requesting provider, and he provided two treatment reports from 03/18/14 and 04/10/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 year gym 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 the Non-MTUS Official Disability Guidelines (ODG), Gym Membership (knee).

**Decision rationale:** According to the 03/18/14 report by [REDACTED], the patient presents with neck and lower back pain. The request is for a 1-year gym membership. The 03/18/14 report states that the patient's Gym membership is expiring and she desperately needs work on her core and strength and flexibility. However, there is no indication of how the previous gym membership helped the patient, and no monitoring of the patient's exercises in the gym. The provider does not provide any rationale as to why the exercise cannot be performed at home, what special needs there are for a gym membership and how the patient is to be supervised during exercise. The MTUS and ACOEM guidelines are silent regarding gym membership but the Official Disability Guidelines state that it is not recommended as a medical prescription unless a documented home exercise program with periodic assessment and revision has not been effective and there is need for equipment. In this case, there are no discussions regarding a need for a special equipment and failure of home exercise as well as why a gym is needed to accomplish the needed exercises. Therefore, the request is not medically necessary.

**12 physical therapy (aquatic) sessions:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy, Physical Medicine.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines MTUS on aquatic therapy; Physical Medicine Page(s): 22; 99.

**Decision rationale:** According to the 03/18/14 report by [REDACTED], the patient presents with neck and lower back pain. The request is for 12 physical therapy (aquatic) sessions. The MTUS page 22 states that aquatic therapy is recommended as an optional form of exercise therapy, where available, as an alternative to land-based physical therapy. Aquatic therapy (including swimming) can minimize the effects of gravity, so it is specifically recommended where reduced weight bearing is desirable, for example extreme obesity. In this case, there is no documentation of extreme obesity or a need for reduced weight bearing. There is no indication of why the patient is unable to tolerate land-based therapy Furthermore, the requested 12 sessions exceeds what is recommended by the MTUS for myalgia/myositis, neuralgia/neuritis type of condition. Therefore, the request is not medically necessary.