

<b>Case Number:</b>	CM14-0074929		
<b>Date Assigned:</b>	07/16/2014	<b>Date of Injury:</b>	01/02/2001
<b>Decision Date:</b>	08/22/2014	<b>UR Denial Date:</b>	05/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/22/2014

### 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 Occupational Medicine 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 56 year old female who sustained low back and bilateral knee injuries on 01/02/2001. She has been treated conservatively with 6 sessions of chiropractic treatment and home exercise program. She has had aqua therapy in the past which helped with relief of symptoms. Progress report dated 03/24/2014 indicates the patient had complaints of back and bilateral knee pain. She is taking Norco 5/325 mg, Neurontin 30 mg, and Vistaril 25 mg. She reported that the pain is constant and aching pain that becomes worse with activity. She also complained of left foot pain that becomes worse with walking. On exam, she has low back pain with spasms in paraspinal muscles, range of motion in flexion, extension, lateral bending and rotations are limited by 50% with discomfort. She has pain in bilateral knees with crepitus and her strength is limited bilaterally. Her diagnoses are traumatic arthritis, lower leg, chronic, unstable; chondromalacia patella, chronic, unstable; and chronic pain syndrome. This patient was recommended for [REDACTED] gym membership to access the heated pool for exercise and authorization is requested to prescribe Norco 5/325 mg, Neurontin 300 mg #120, and Vistaril 25 mg; as well as 6 additional sessions of chiropractic therapy. Prior utilization review dated 05/06/2014 states the request for [REDACTED] membership for 6 months (not listed on the application) is denied as the program being requested is off-site and would not be monitored by the healthcare professional and there is no way the program can be altered with no indication or progress or any information that would flow back and forth to the doctor and patient.

### IMR ISSUES, DECISIONS AND RATIONALES

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

■■■■ membership for 6 months (not listed on the application): Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee and Leg chapter, Low Back chapter.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Gym Membership.

**Decision rationale:** According to ODG guidelines, gym memberships are not recommended as a medical prescription unless there has been a failure of a home exercise program, there is a need for equipment, and there is monitoring and administration by medical professionals. This a request for a 6-month ■■■■ gym membership in order to participate in aquatic therapy to lose weight. However, there does not appear to be monitoring and administration by medical professionals. Medical necessity is not established.