

<b>Case Number:</b>	CM14-0075114		
<b>Date Assigned:</b>	07/16/2014	<b>Date of Injury:</b>	09/11/2003
<b>Decision Date:</b>	08/19/2014	<b>UR Denial Date:</b>	05/14/2014
<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 Physical Rehabilitation & Pain Management 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 62 years old male with an injury date on 09/11/2003. Based on the 04/07/2014 progress report provided by [REDACTED] the diagnosis is: 1. Surgically stable with a good result to date, 4 months status post L4-S1 laminectomy, Left L4-5 TLIF and L4-S1 posterior instrumented fusion with spondylolisthesis deformity reduction. According to this report, the patient complains of low back pain status post L4-S1 laminectomy, left L4-5 TLIF and L4-S1 posterior instrumented fusion with spondylolisthesis deformity reduction. Overall, the patient has done very well, 75% improved. On the 04/03/2014 report the patient rated the pain as a 0/10 to 3/10. The patient has responded better to aquatic therapy vs. land therapy. There were no other significant findings noted on this report. [REDACTED] is requesting independent pool and gym membership for 3 to 6 months. The utilization review denied the request on 05/14/2014. [REDACTED] is the requesting provider, and he provided treatment reports from 09/25/2013 to 07/09/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Independent pool and gym membership, 3-6 months:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46-47. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 12th Edition (Web), 2014, Low Back, Gym membership.

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

**Decision rationale:** According to the 04/07/2014 report by treating physician this patient presents with status post low back pain. The treating physician is requesting independent pool and gym membership for 3 to 6 months. The UR denial letter state Gym memberships, health club, swimming pools, athletic clubs, etc., would not generally be considered medical treatment. MTUS and ACOEM guidelines are silent regarding this request. However, ODG Guidelines discussion for durable medical equipment can be used. It defines durable equipment as equipment that is primarily and customarily used to serve a medical purpose, and generally is not useful to a person in the absence of illness or injury. In this case, a pool is not primarily and customarily used to serve a medical purpose and is something that is typically useful in anyone requiring exercises or leisure activities even in the absence of illness or injury. There is no support for pool as a medical treatment. Furthermore, regarding gym membership, ODG guidelines not recommended as a medical prescription unless a home exercises program has not been effective and there is a need for equipment. Plus, treatment needs to be monitored and administered by medical professionals. There is no rationale provided to indicate the medical necessity for gym membership. There is no reason why exercises cannot be performed at home. The requested independent pool and gym membership for 3 to 6 months are not in accordance with the guidelines. Therefore, the request is not medically necessary.