

<b>Case Number:</b>	CM14-0076944		
<b>Date Assigned:</b>	07/18/2014	<b>Date of Injury:</b>	10/20/2012
<b>Decision Date:</b>	08/25/2014	<b>UR Denial Date:</b>	05/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/27/2014

### 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 Illinois. 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 56-year-old female with a reported date of injury on 10/20/2012. The injury reportedly occurred when the injured worker slipped and fell into a small hole and landed on her face. Her diagnoses were noted to include cervical spondylosis with lateral recess and foraminal stenosis at C4-5. Her previous treatments were noted to include physical therapy, muscle stimulator, and medications. The progress note dated 05/07/2014 revealed the injured worker continued to work light duty while avoiding carrying heavy things and limited typing. The injured worker reported she was getting relief by doing some swimming exercises and has had 6 sessions of physical therapy. The injured worker indicated she also received relief by using a muscle stimulator. The injured worker revealed she had chronic pain in her neck and behind her shoulder blades that ranged 7/10. The physical examination revealed the injured worker had painless range of motion to the neck and the pain was not affected by cervical traction or compression. The provider indicated there was some tenderness along the spinous processes, but no palpable muscle spasms. Her reflexes were 2+ at the biceps, triceps, and brachioradialis bilaterally, and gross sensation was intact. Physical therapy note dated 04/11/2014 revealed the injured worker's cervical range of motion for extension was 20 degrees, flexion was 45 degrees, active rotation to the left was 52 degrees, active rotation to the right was 45 degrees, left side bending was to 15 degrees, and right side bending was to 25 degrees. A Request for Authorization form was not submitted within the medical records. The request is for pool membership for swimming exercises.

### IMR ISSUES, DECISIONS AND RATIONALES

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

## **Pool Membership for Swimming Exercise: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**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 memberships.

**Decision rationale:** The request for a pool membership for swimming exercises is not medically necessary. The injured worker has been performing swimming exercises. The Official Disability Guidelines do not recommend as a medical prescription a gym membership unless a documented home exercise program with periodic assessment and revision has not been effective and there is a need for equipment. In addition, treatment needs to be monitored and administered by medical professionals. While an individual exercise program is of course recommended, more elaborate personal care where outcomes are not monitored by a health professional, such as gym memberships or advanced home exercise equipment may not be covered under this guideline, although temporary transitional exercise programs may be appropriate for patients who need more supervision. With unsupervised programs, there is no information flow back to the provider, so he or she can make changes in the prescription, and there may be risk of further injury to the patient. Gym memberships, health clubs, swimming pools, athletic clubs, etc., would not generally be considered medical treatment, and are therefore not covered under these guidelines. The guidelines do not recommend pool membership due to the lack of medical supervision. Therefore, the request is not medically necessary.