

<b>Case Number:</b>	CM14-0076953		
<b>Date Assigned:</b>	07/18/2014	<b>Date of Injury:</b>	12/16/2005
<b>Decision Date:</b>	08/25/2014	<b>UR Denial Date:</b>	05/21/2014
<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 & 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 69-year-old female who reported an injury on 12/16/2005. The diagnosis was lumbar radiculopathy. Treatments included physical therapy, aquatic therapy, and a lumbar spine rhizotomy. The documentation of 04/04/2014 revealed the injured worker had tenderness to palpation in the spinal vertebral areas at L4-S1. Her range of motion was moderately limited secondary to pain and the straight leg raise in a seated position was positive bilaterally. Diagnoses included lumbar radiculopathy, myositis/myalgia, vitamin D deficiency and chronic pain. The treatment plan included a renewal of medications. Subsequent documentation dated 05/30/2014 revealed a Reconsideration for Non-certification Letter which was completed on 05/22/2014. The documentation indicated the injured worker was followed for a chronic low back pain with left lower extremity radiation and left knee pain. She was noted to have received great relief from pool therapy and would like to continue the treatment. The recommendation was a gym membership to continue strengthening and range of motion. It was documented the injured worker had learned her pool therapy with the physical therapist and prior sessions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Gym membership with pool access:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: 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) Low Back Chapter, Gym Membership.

**Decision rationale:** The Official Disability Guidelines (ODG) indicates that gym memberships, health clubs, and swimming pools would not be considered medical treatment and are not covered under these guidelines. The request as submitted failed to indicate the duration and frequency for the use of the gym membership. As it is not recommended per the Official Disability Guidelines and there was no documentation of exceptional factors to warrant non-adherence to guidelines recommendations, the request for gym membership with pool access is not medically necessary.