

<b>Case Number:</b>	CM14-0079274		
<b>Date Assigned:</b>	07/18/2014	<b>Date of Injury:</b>	10/17/2008
<b>Decision Date:</b>	08/25/2014	<b>UR Denial Date:</b>	05/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/29/2014

### 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 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 injured worker is a 58-year-old female with a reported injury on 10/17/2008. The mechanism of injury was due to the injured worker twisting her lower back in an old chair. The diagnosis that was provided on 04/23/2014 is a handwritten examination and the writing is difficult to read. The injured worker has had 6 sessions of physical therapy, home exercise program, and massage therapy. The efficacy of those therapies was not provided. Upon the examination on 04/23/2014, the injured worker complained of lumbar pain radiating to her bilateral lower extremities. It was noted and reported that it had been greater than a year since the injured worker had prior physical therapy. The physical examination revealed that she did have paraspinal spasms and her straight leg raise test was positive. She did have sacroiliac joint tenderness. She had diminished sensation over the L4-5 dermatomes and her strength was reduced in the L4-5 myotomes. The injured worker did have a physical therapy note on 05/07/2014. The examination showed her trunk range of motion; flexion had decreased from an examination and evaluation on 11/05/2013 to 05/07/2014. The degrees for flexion were 24 previous and were 16 degrees currently. The extension was 12 degrees previous and was 18 degrees currently. Rotation to the right was 25 to 50 degrees previously and was 25 degrees currently, and the left rotation was 25 to 50% previously to 50% currently. She rated her pain at that time at an 8/10 and reported that her pain was getting worse since she had stopped taking her physical therapy. Her strength test was normal in all extremities. She did complain of radicular pain, numbness, and tingling down bilaterally to the lower extremities and to the sides of her ankles. Her functional limitation at that time was that she was able to walk for only 15 minutes, sit for 30 to 35 minutes, stand for 10 to 15 minutes, and drive for 30 to 45 minutes. The recommended plan of treatment from the physical therapy evaluation was to have therapeutic exercises, both land and aquatic setting, for core strengthening and increasing her flexibility.

There was not a medication list provided nor was there the efficacy of the medications. The recommended plan of treatment was for a gym membership for heated pool access. The rationale was the injured worker has had significant benefit with prior pool heated access and a gym membership before. The request for authorization was not provided.

### **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 for 1 year: 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, Gym memberships.

**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 request for gym membership with pool access for 1 year is not medically necessary. The California MTUS/ACOEM guidelines do not address this request. The Official Disability Guidelines do not recommend gym memberships, as a medical prescription unless it is documented as a home program with periodic assessment and revisions have not been effective and that there is a need for equipment. The Official Disability Guidelines recommend that treatment needs to be monitored and administered by medical professionals, and gym membership is not covered under this guideline. The injured worker has had a history of physical therapy sessions, a home exercise program and massage therapy. It has been 1 year since she has had physical therapy and has had aquatic therapy. Her level of function and her range of motion have decreased since she has not had therapy. There have not been a documented home exercise program assessments or revision and there has not been any effectiveness reported as far as a home exercise program. Due to the fact that the injured worker would not be able to be monitored and assessed, the request for gym membership with pool access for 1 year is not medically necessary.