

<b>Case Number:</b>	CM14-0091234		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	10/12/2006
<b>Decision Date:</b>	08/28/2014	<b>UR Denial Date:</b>	05/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/13/2014

### 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 54 year old male. The mechanism of injury is unknown. Prior treatment history has included aquatic therapy. A progress report dated 04/24/2014 states the patient complained of continued weakness and tremor of the upper and lower extremities, which is from his stroke. He continues to complain of low back pain and difficulty sleeping secondary to pain. On exam, he ambulates with a cane. Forward flexion of the lumbar spine is to 45 degrees; extension is to 10 degrees; and lateral bending to 30 degrees. Diagnoses are postoperative CVA; right visual field deficit following CVA; spasticity of the upper and lower extremities secondary to CVA; herniated nucleus pulposus, L4-L5, 7-9 mm, with moderately severe central canal stenosis. The treatment and plan included a one-year gym membership with pool access, Lunesta 3 mg and Norco 5/325. A prior utilization review dated 05/21/2014 states the request for Gym Membership with Pool Access x 1 Year is denied as medical necessity has not been established.

### 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 x 1 Year: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Aqua Therapy.

**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 Membership.

**Decision rationale:** According to the ODG, gym memberships are not recommended as a medical prescription unless a documented home exercise program with periodic assessment and revision has not been effective and there is a need for equipment. Plus, treatment needs to be monitored and administered by medical professionals. In this case, there is no documented failure of a home exercise program. The patient does not appear to need special equipment. Monitoring and administering by medical professionals is not discussed. As such, the request is not medically necessary and appropriate.