

<b>Case Number:</b>	CM14-0218483		
<b>Date Assigned:</b>	02/20/2015	<b>Date of Injury:</b>	04/12/2000
<b>Decision Date:</b>	04/06/2015	<b>UR Denial Date:</b>	12/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/30/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Texas, California

Certification(s)/Specialty: Family Practice

### 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 60 year old female, who sustained an industrial injury on April 12, 2000. She has reported injury involving multiple body parts. The diagnoses have included complex regional pain syndrome, neck sprain and lumbago. Treatment to date has included medications, and radiological imaging. Currently, the IW complains of severe neck pain and pain in the epigastric area of the abdomen. She reports continued dizziness and decreased vision. The records indicate a magnetic resonance imaging of the cervical spine was done in March 2014 which reveals diffuse stenosis. This report is not available for this review. The records do not indicate participation in a home exercise program. Per the doctor's note dated 2/5/15 patient had complaints of pain in neck, back, upper and lower extremity, thoracic spine and epigastrium. Physical examination revealed tenderness on palpation and limited range of motion. The medication list include Celebrex, Neurontin and Lorazepam. Patient has received an unspecified number acupuncture visits for this injury.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Gym membership for Aquatic therapy for the back and neck for 12 months: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Exercise Page(s): 46-47. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) 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 (updated 03/24/15)Gym memberships.

**Decision rationale:** Request: Gym membership for Aquatic therapy for the back and neck for 12 months. ACOEM/MTUS guideline does not address for this request. Hence ODG is used. Per the ODG guidelines gym membership is "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." Any contraindication for a home exercise program was not specified in the records provided. A medical need for exercise equipment was not specified in the records provided. The details of PT or other types of therapy done since the date of injury were not specified in the records provided. The detailed response to previous conservative therapy was not specified in the records provided. The previous conservative therapy notes were not specified in the records provided. The records submitted contain no accompanying current PT evaluation for this patient. Rationale for Gym membership for Aquatic therapy for the back and neck for 12 months was not specified in the records provided. Any evidence of the contraindication to land base therapy was not specified in the records provided. Any evidence of extreme obesity was not specified in the records provided. A valid rationale as to why remaining rehabilitation cannot be accomplished in the context of an independent home exercise program is not specified in the records provided. The medical necessity of the request for Gym membership for Aquatic therapy for the back and neck for 12 months is not fully established in this patient. A valid rationale as to why remaining rehabilitation cannot be accomplished in the context of an independent home exercise program is not specified in the records provided The medical necessity of the request for Gym membership for Aquatic therapy for the back and neck for 12 months is not fully established in this patient.