

<b>Case Number:</b>	CM15-0001275		
<b>Date Assigned:</b>	01/12/2015	<b>Date of Injury:</b>	10/11/2005
<b>Decision Date:</b>	03/13/2015	<b>UR Denial Date:</b>	12/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/05/2015

### 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: California, Hawaii  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 (IW) is a 48 year old male who sustained an industrial injury on 10/11/2005 and 05/14/2008. He reported on 10/11/2005 his usual job was escorting inmates, going up and down stairs and escorting them to the different parts of the facility. He stated as he was crossing the yard he felt a sharp pain in his lower back with pins and needles and numbness in his lower back. On 05/14/2008 he injured his left shoulder while pushing open a gate. The diagnoses have included status post left shoulder arthroscopy, lumbar radiculopathy, 4 mm central disc protrusion with annular fissuring at lumbar 5 - sacral 1 per MRI of 08/31/2014, status post lumbar epidural in August 2013, cervical spine sprain/strain and depression and anxiety. Treatment to date has included physical therapy, chiropractic care, home exercise program, arthroscopy of the left shoulder with subacromial decompression and debridement, epidural steroid injections, pain meds, anti-inflammatory meds and diagnostic tests. Currently, the IW complains of low back pain rated as 5-6/10. Physical exam noted cervical range of motion as flexion to 50 degrees, extension to 60 degrees, left rotation to 60 degrees, right lateral flexion to 30 degrees and left lateral flexion to 30 degrees. Lumbar range of motion was flexion to 50 degrees, extension to 15 degrees, right lateral flexion to 20 degrees and left lateral flexion to 20 degrees. Left shoulder active flexion was 140 degrees, extension to 40 degrees, abduction to 120 degrees, and adduction to 45 degrees, internal rotation and external rotation to 60 degrees. He had a negative drop arm sign and positive Hawkins-Kennedy and Neer's signs. On 12/12/2014 Utilization Review non-certified a request for gym membership with access to water therapy for 12 months noting ODG does not recommend gym memberships unless a documented home

exercise program with periodic assessment and revision has not been effective and there is a need for equipment. There is no evidence that attempts at home exercise were ineffective and no evidence that the patient would require specialized equipment. ODG and MTUS were cited. On 01/05/2015 the injured worker submitted an application for IMR for review of the request for gym membership with access to water therapy for 12 months

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **12 Gym Membership with Access to Water Therapy (Months): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy Page(s): 22.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Low back chapter: gym memberships

**Decision rationale:** The patient presents with constant pain in his left shoulder with numbness intermittently shooting down his left upper extremity down his hand. He also has low back pain in the gluteal region and to the lateral aspect of his sacroiliac joint. The current request is for 12 Gym Memberships with Access to Water Therapy (Months). The evaluating physician on 5/21/14 (133b) states the patient should have deep water aerobics to increase his range of motion with stretching exercises in the pool for his back and shoulder. MTUS is silent regarding this proposed treatment. ODG states that gym memberships are only allowed in cases where a documented home exercise program with periodic assessment and revision has not been effective and there is a need for equipment. While the patient may not have access to a pool and a gym with a pool would be beneficial, there is no documentation of failure of a home exercise program to support the requested treatment. Additionally, there is no documentation that outlines why 12 months of a non-supervised gym membership is medically necessary. Recommendation is for denial.