

<b>Case Number:</b>	CM15-0147034		
<b>Date Assigned:</b>	08/07/2015	<b>Date of Injury:</b>	12/08/2007
<b>Decision Date:</b>	09/08/2015	<b>UR Denial Date:</b>	07/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/28/2015

### 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

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 57 year old female who sustained an industrial injury on 12-08-2007. Mechanism of injury was a slip and fall. Diagnoses include failed back syndrome, neural encroachment L3-4, an L4-5 with radiculopathy-L5-S1, spondylolisthesis L2-L3, and L3-L4, status post lumbar fusion at L4 on 5-06-16-2005, status post right arthroscopic subacromial decompression and bilateral wrist-hand pain. Treatment to date has included diagnostic studies, medications, surgery, psychotherapy, physical therapy, steroid injections, trigger point injections, orthotics. A physician progress note dated 07-02-2015 documents the injured worker complains of low back pain rated 7 out of 10, right knee pain increasing to 8 out of 10, left shoulder pain rated a 3 out of 10, right shoulder pain is 6 out of 10, right wrist-hand pain is 5 out of 10, and bilateral medial elbow pain is 5 out of 10. There is tenderness to the lumbar spine and lumbar range of motion is restricted. There is positive straight leg raise on the left, and there is diminished sensation of the left L5 and S1 dermatomal distributions. Right shoulder abduction is 110 degrees and flexion is 120 degrees, and negative impingement signs. There is continued concern for right shoulder condition with adhesive capsulitis impending. The treatment plan included a urine drug screen, shockwave right shoulder, physical therapy to the right shoulder, request for an updated Magnetic Resonance Imaging of the right knee, continuation of follow up with psychologist and psychiatrist to address reactive depression, and prescriptions for Hydrocodone, Ibuprofen, Cyclobenzaprine, Omeprazole, and Colace. Treatment requested is for Access to pool for one year Qty: 1.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Access to pool for one year qty: 1:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Exercise Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back (updated 07/17/15).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46-47 of 127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Gym Memberships.

**Decision rationale:** Regarding request for pool membership, Chronic Pain Medical Treatment Guidelines state that exercise is recommended. They go on to state that there is no sufficient evidence to support the recommendation of any particular exercise regimen over any other exercise regimen. ODG states the 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. With unsupervised programs there is no information flow back to the provider, so he or she can make changes in the prescription, and there may be a risk of further injury to the patient. Within the documentation available for review, there is no indication that the patient has failed a home exercise program with periodic assessment and revision. Additionally, there is no indication that the patient has been trained on the use of pool exercises, or that the physician is overseeing the pool exercise program. In the absence of such documentation, the currently requested pool membership is not medically necessary.