

<b>Case Number:</b>	CM15-0163390		
<b>Date Assigned:</b>	08/31/2015	<b>Date of Injury:</b>	11/07/2003
<b>Decision Date:</b>	10/05/2015	<b>UR Denial Date:</b>	07/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/20/2015

### 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:

This 66-year-old woman sustained an industrial injury on 11-7-2003. The mechanism of injury is not detailed. Diagnoses include lumbar spine sprain-strain with degenerative disc disease, bilateral knee sprain-strain, and bilateral hip sprain-strain with bursitis. Treatment has included oral medications. Physician notes on a PR-2 dated 7-10-2015 show complaints of low back and bilateral hip pain. Recommendations include aquatic therapy and gym membership.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Gym membership with pool; 6 months:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Gym Memberships.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309. Decision based on Non-MTUS Citation ODG, Pain Chapter, Exercises.

**Decision rationale:** The patient presents with lumbar spine, bilateral knee and bilateral hip pain. The current request is for Gym Membership with pool; 6 months. The treating physician's

handwritten report dated 07/10/2015 (23B) states, "Attending aquatic therapy. Helping. Pain decreased, mobility increases." The physician is requesting a gym membership with a pool to continue the patient's exercise program. ACOEM Guidelines page 309 recommends "low stress aerobic" exercises. ODG Guidelines under exercise for pain states that physical therapy and warm water has been effective and highly recommended in persons with fibromyalgia. In this RCT, an aquatic exercise program including 1 hour supervised water-based exercise sessions 3 times a week for 8 months was found to be cost-effective in terms of both health care cost and societal cost. Treatment reports show that the patient has noted decreased pain and improved mobility with aquatic therapy. Since pool exercises have been shown to be beneficial for chronic pain and the patient does not have an access to a pool, a gym with a pool would be beneficial. It is assumed that the physician will provide the guidance and supervision of the patient's exercises. Given that the ACOEM and ODG Guidelines support exercise, the current request is medically necessary.