

<b>Case Number:</b>	CM15-0165500		
<b>Date Assigned:</b>	09/03/2015	<b>Date of Injury:</b>	08/26/2014
<b>Decision Date:</b>	10/22/2015	<b>UR Denial Date:</b>	08/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/24/2015

### 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: Hawaii, California, Iowa

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 64 year old female who sustained an industrial injury on 08-26-2014. According to the medical records, the injured worker is undergoing treatment for right hip sprain and strain, mild degenerative joint disease and tendinopathy. According to the primary treating physician's progress report on August 10, 2015, the injured worker continues to experience hip and gluteal pain rated at 3 out of 10 on the pain scale. Examination demonstrated mild tenderness over the right greater trochanteric area and decreased range of motion in all planes. Gaenslen's test was mildly painful. Fabere test was negative. The records indicate that treatment to date has included physical therapy, aqua therapy, chiropractic treatment, steroid injections, home exercise program and medications (tramadol). Treatment plan consists of home exercise program and the current request for gym membership with pool access.

### 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 for 6 months:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Hip & Pelvis (Acute & Chronic): Gym Memberships (08/05/15).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Aquatic therapy. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Gym memberships.

**Decision rationale:** The MTUS guidelines are silent as to gym memberships so the Official Disability Guidelines were consulted. For pool access, the MTUS aquatic therapy and physical medicine sections were consulted. The official disability guidelines state "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." The official disability guidelines go on to state, "Furthermore, treatment needs to be monitored and administered by medical professionals". The treating physician did not provide documentation of non-effectiveness of a home exercise program with supervision. The treating physician does not indicate who will be monitoring the patient's gym attendance. The California MTUS guidelines recommend aquatic therapy in cases of extreme obesity with "active self-directed home Physical Medicine". Progress notes did not indicate BMI, but a QME report dated 6/25/2015 reports height of 5 foot 6 inches with weight of 220 pounds. This equates to a BMI of 35.5, which is classified as obese. The patient underwent 12 sessions of aqua therapy with modest improvement of pain (4-5/10 to 3/10) and no report of functional improvement. The lack of documented non-effectiveness of a home exercise program with supervision, non-specificity regarding gym attendance monitoring, and minimal improvement with prior aqua therapy, the guidelines have not been met. As such, the request for Gym membership with pool access for 6 months is not medically necessary.