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| <b>Case Number:</b>   | CM15-0200611 |                              |            |
| <b>Date Assigned:</b> | 10/15/2015   | <b>Date of Injury:</b>       | 06/21/2009 |
| <b>Decision Date:</b> | 11/25/2015   | <b>UR Denial Date:</b>       | 10/01/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 10/12/2015 |

### 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

### 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 50-year-old female who sustained an industrial injury on 06-21-2009. According to the a progress report dated 09-21-2015, the injured worker reported that she had been experiencing constant intractable pain in her upper and lower back that had been rated 7-8 on a scale of 1-10 without medications. She reported having pain and numbness in her bilateral lower extremities. She reported greater than 60-70% improvement in both her overall pain and ability to function with her current medications. With medications, pain was decreased to a 2 in intensity and allowed her to perform activities of daily living with less discomfort such as sitting, bending, walking, lifting, bathing, cooking, sleeping and socializing. She reported greater than 50-60% improvement in her depression and sleep problems with Wellbutrin. Assessment included status post lumbar spine surgery at L4-L5 and L5-S1 levels on 03-2012, failed back surgery syndrome with intractable pain, chronic myofascial pain syndrome thoracolumbar spine moderate to severe. The treatment plan included Naproxen, Norco and Wellbutrin SR, home muscle stretching exercises and swimming pool exercises daily x 3 months to aid in general strengthening, physical conditioning and mood elevation. An authorization request dated 09-21-2015 was submitted for review. The requested services included Naproxen, Wellbutrin, Norco; swimming pool exercises daily x 3 months and a follow-up visit in 6 weeks. On 10-01-2015, Utilization Review non-certified the request for swimming pool exercises daily x 3 months and authorized the request for follow-up in 6 weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Swimming Pool Exercises Daily x 3 Months: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Aquatic therapy.

**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 Chapter, under Gym Memberships.

**Decision rationale:** The current request is for SWIMMING POOL EXERCISES DAILY X 3 MONTHS. The RFA is dated 09/21/15. Treatment history include lumbar spine surgery at L4-L5 and L5-S1 levels on 03-2012, lower back injections, physical therapy, swimming pool exercises, and medications. The patient is temporarily very disabled. Official Disability Guidelines, Low Back Chapter, under Gym Memberships states: 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. In addition, treatment needs to be monitored and administered by medical professionals. While an individual exercise program is of course recommended, more elaborate personal care where outcomes are not monitored by a health professional, such as gym memberships or advanced home exercise equipment may not be covered under this guideline, although temporary transitional exercise programs may be appropriate for patients who need more supervision. 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 risk of further injury to the patient. Gym memberships, health clubs, swimming pools, athletic clubs, etc., would not generally be considered medical treatment, and are therefore not covered under these guidelines. Per report 09/21/15, the patient presents with constant intractable pain in her upper and lower extremities. There is pain and numbness in the lower extremities as well. Examination revealed decreased range of motion in all planes, multiple myofascial trigger points and taut bands, and decreased sensation in the L5-S1 dermatomes on the left. The treater recommended "Swimming pool exercises daily to aid in general strengthening, physical conditioning and mood elevation." Prior reports from 05/10/15 through 08/15/15 request gym membership for pool access for daily exercises. The UR denied the request stating that the patient does not qualify for water based therapy, and such unsupervised therapy is not supported. ODG Guidelines only allow gym memberships in cases where documented home exercise program with periodic assessment and revision have not been effective; and there is a need for equipment. In addition, treatment needs to be monitored and administered by medical professionals. ODG generally does not support pool/gym memberships as a medical treatment, and there is no discussion as to why the patient is unable to participate in non-water based home exercise program. Therefore, the request IS NOT medically necessary.