

<b>Case Number:</b>	CM15-0207376		
<b>Date Assigned:</b>	10/26/2015	<b>Date of Injury:</b>	08/26/2014
<b>Decision Date:</b>	12/11/2015	<b>UR Denial Date:</b>	09/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/21/2015

### 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: Texas, New York, California

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 applicant is a represented 38-year-old who has filed a claim for chronic neck, low back, ankle, foot, and shoulder pain reportedly associated with an industrial injury of August 26, 2014. In a utilization review report dated September 24, 2015, the claims administrator failed to approve a request for a gym membership with pool access x6 months. The claims administrator referenced an RFA form received on September 21, 2015 and an associated progress note dated September 9, 2015 in its determination. The applicant's attorney subsequently appealed. On said September 9, 2015 office visit, the applicant reported multifocal complaints of neck, low back, shoulder, and foot pain. The applicant was on Flexeril, Protonix, topical Terocin, and Naprosyn. The note was very difficult to follow, was some six pages long, mingled historical issues with current issues. It was suggested the applicant was working at a rate of 5 hours a day, eight days a week. A six-month gym membership with associated pool access was sought. The applicant exhibited a slowed and antalgic gait but was apparently not using any kind of assistive device. The applicant was wearing a foot wrap, the treating provider commented. Lower extremity range from 4 to 5/5 was sought. The applicant apparently had issues with plantar fasciitis and/or tenderness about the second and third metatarsals. The claimant was asked to employ over-the-counter shoe inserts for the same. The claimant was apparently trying to add her foot to the claim, it was reported.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Gym membership with pool x 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), Low Back Chapter, Gym memberships.

**MAXIMUS guideline:** Decision based on MTUS General Approaches 2004, Section(s): Cornerstones of Disability Prevention and Management, and Chronic Pain Medical Treatment 2009, Section(s): Aquatic therapy, Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Problems, Gym memberships.

**Decision rationale:** No, the request for a gym membership with pool access for six months was not medically necessary, medically appropriate, or indicated here. As noted on page 98 of the MTUS Chronic Pain Medical Treatment Guidelines, applicants should be instructed in and are expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. The MTUS Guideline in ACOEM Chapter 5, page 83 notes that, to achieve functional recovery, the applicants must assume certain responsibilities, one of which included adhering to and maintaining exercise regimens. Thus, both page 98 of the MTUS Chronic Pain Medical Treatment Guidelines and page 83 of the ACOEM Practice Guidelines espouse the position that exercises, gym memberships, and the like are articles of applicant responsibility as opposed to articles of payer responsibility. ODG's Low Back Chapter, Gym Memberships Topics further notes that gym memberships are not recommended as a medical prescription unless the documented home exercise program has proven ineffectual and there is a need for specialized equipment. Here, however, the attending provider made no mention of the applicant's having tried and/or failed home exercises of her own accord on the September 9, 2015 office visit at issue. The attending provider likewise failed to set forth a clear or compelling case for the pool access component of the request. While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that aquatic therapy is recommended as an optional form of exercise therapy in applicants in whom reduced weight bearing is desirable, here, however, it was not clearly established that reduced weight bearing was in fact desirable insofar as the applicant's issues with plantar fasciitis were concerned. A clear case was not, thus, established for the pool access component of the request. Therefore, the request was not medically necessary.