

Case Number:	CM15-0208173		
Date Assigned:	10/27/2015	Date of Injury:	06/20/1994
Decision Date:	12/10/2015	UR Denial Date:	10/01/2015
Priority:	Standard	Application Received:	10/22/2015

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: Emergency 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 72-year-old male who sustained an industrial injury on 6-20-94. A review of the medical records indicates he is undergoing treatment for lumbago (physical therapy note 9-21-15). He is status post L3-S1 laminectomy and posterolateral fusion. Medical records (7-20-15, 9-21-15) indicate complaints of low back pain, described as a "stinging" sensation on 7-20-15. On 9-21-15, he reports that his back is "pretty good". The physical exam (9-21-15) reveals diffuse midline tenderness. Diminished range of motion is noted. The sitting straight leg raising is "80 out of 80 degrees". Motor strength is noted to be "full in all lower extremity groups bilaterally". Lower extremity reflexes are absent. Sensory examination to pinprick is "intact". Diagnostic studies have included x-rays of the lumbar spine. Treatment has included at least 8 sessions of physical therapy with aquatic therapy and pain medications. The treating provider indicates that the injured worker "should graduate to a self-directed rehab program including daily lap swimming, yoga, Pilates, or a light gym program". The utilization review (10-1-15) includes a request for authorization of 6-month membership to swim gym. The request was denied.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 month membership to swim gym: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Exercise. Decision based on Non-MTUS Citation Official Disability Guidelines: Low Back - Gym memberships.

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-Lumbar and Thoracic, Gym memberships.

Decision rationale: MTUS Chronic pain and ACOEM Guidelines do have any sections that relate to this topic. This request is not for supervised physical therapy aqua therapy but basically Gym membership for pool exercise. As per Official Disability Guidelines, Gym memberships are not recommended. There is no documentation of need for specialized exercise equipment. Gym memberships are not supervised, is not being assessed by medical professionals and therefore are not considered medical treatment with no appropriate documentation or information returning to provider. While continued pool exercise is recommended, pool gym membership is not medically necessary.