

<b>Case Number:</b>	CM15-0022748		
<b>Date Assigned:</b>	02/12/2015	<b>Date of Injury:</b>	04/22/2003
<b>Decision Date:</b>	03/26/2015	<b>UR Denial Date:</b>	02/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/06/2015

### 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 56 year old female, who sustained an industrial injury on 4/22/03. She has reported neck and arm pain. The diagnoses have included pain disorder with psychological factors, bilateral carpal tunnel syndrome, spasm of muscle, mood disorder, disc disorder and cervical pain. Treatment to date has included physical therapy and oral medications. Currently, the injured worker complains of neck and bilateral upper extremity pain. Progress report dated 1/19/15 noted pain improved with medications. On exam mild lordosis of cervical spine was noted with restricted range of motion and palpation of lumbar spine revealed tenderness of paravertebral muscles bilaterally. On 2/2/15 Utilization Review non-certified a 12 month gym membership with access to hot tub and water aerobics, noting gym memberships are not recommended as a medical prescription unless a documented home exercise program with periodic assessment and revision has not been effective. The ODG was cited. On 2/6/15, the injured worker submitted an application for IMR for review of 12 month gym membership with access to hot tub and water aerobics.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**12 month gym membership with access to hot tub and water aerobics: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy, Page 22; Exercise, Pages 46-47 Page(s): 22; 46-47. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - Lumbar & Thoracic (Acute & Chronic), Gym Memberships

**Decision rationale:** The requested 12 month gym membership with access to hot tub and water aerobics, is not medically necessary. Chronic Pain Medical Treatment Guidelines, Aquatic Therapy, Page 22, note that aquatic therapy is "Recommended as an optional form of exercise therapy, where available, as an alternative to land-based physical therapy. Aquatic therapy (including swimming) can minimize the effects of gravity, so it is specifically recommended where reduced weight bearing is desirable, for example extreme obesity." CA MTUS Chronic Pain Treatment Guidelines, Exercise, Pages 46-47, note that exercise is "recommended. There is strong evidence that exercise programs, including aerobic conditioning and strengthening, is superior to treatment programs that do not include exercise. There is insufficient evidence to support the recommendation of any particular exercise regimen over any other exercise regimen." ODG Low Back - Lumbar & Thoracic (Acute & Chronic), Gym Memberships, note that gym memberships are "Not recommended as a medical prescription unless a home exercise program has not been effective and there is a need for equipment. Plus, 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." The injured worker has neck and bilateral upper extremity pain. On exam mild lordosis of cervical spine was noted with restricted range of motion and palpation of lumbar spine revealed tenderness of paravertebral muscles bilaterally. The treating physician has not documented failed land-based therapy or the patient's inability to tolerate a gravity-resisted therapy program. The treating physician has not documented failed home exercise or specific equipment needs that support the medical necessity for a gym membership. The criteria noted above not having been met, 12 month gym membership with access to hot tub and water aerobics is not medically necessary.