

<b>Case Number:</b>	CM15-0035948		
<b>Date Assigned:</b>	03/04/2015	<b>Date of Injury:</b>	06/01/1993
<b>Decision Date:</b>	04/14/2015	<b>UR Denial Date:</b>	01/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/25/2015

### 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: New Jersey, Michigan, California  
 Certification(s)/Specialty: Neurology, Neuromuscular 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 62-year-old male, with a reported date of injury of 06/01/1993. The diagnoses include status post L4-5 posterior lumbar decompression with posterior stabilization, shoulder pain, C2- T1 posterior fusion, left lower extremity swelling, status post left great toe debridement, bilateral rotator cuff tear, degenerative scoliosis, Brown-Sequard syndrome, and severe bilateral medial joint knee arthritis. Treatments included left shoulder steroid injection, a right shoulder injection. The progress report dated 01/13/2015 indicates that the injured worker had a history of cervical myelopathy, spinal cord compression, and lumbar stenosis. The injured worker also had bilateral shoulder problems and left great toe issue. It was noted that the injured workers function had deteriorated since his discontinuation of physical therapy. The physical examination showed an unsteady gait and limited lumbar range of motion. The treating physician requested one year membership to independent supervised program for pool and land. It was noted that due to his spinal cord injury, the injured worker would need a continued exercise program indefinitely to maintain his balance, strength, and ability to walk. On 01/27/2015, Utilization Review (UR) denied the request for a one year membership to independent supervised program for pool and land, noting that there was a lack of overwhelming improvement with the extensive supervised therapy in the past. The MTUS Chronic Pain Guidelines and the non-MTUS Official Disability Guidelines were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Independent supervised program for pool & land, 1 year membership: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Exercise Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back - Lumbar & Thoracic (Acute & Chronic).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Low Back - Lumbar & Thoracic (Acute & Chronic), Gym memberships  
([http://www.worklossdatainstitute.verioiponly.com/odgtwc/low\\_back.htm#SPEC](http://www.worklossdatainstitute.verioiponly.com/odgtwc/low_back.htm#SPEC)).

**Decision rationale:** According to MTUS guidelines, "There is strong evidence that exercise programs, including aerobic conditioning and strengthening, are superior to treatment programs that do not include exercise. There is no sufficient evidence to support the recommendation of any particular exercise regimen over any other exercise regimen. A therapeutic exercise program should be initiated at the start of any treatment or rehabilitation program, unless exercise is contraindicated. Such programs should emphasize education, independence, and the importance of an on-going exercise regime." According to ODG guidelines, Gym memberships "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. 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. Gym memberships, health clubs, swimming pools, athletic clubs, etc., would not generally be considered medical treatment, and are therefore not covered under these guidelines." The request does not address who will be monitoring the patient Gym attendance and functional improvement. There is no need for specific equipment that is only available in Gym. In addition, there is no documentation of functional improvement with previous water and land-based therapy sessions. Therefore, the request for Independent supervised program for pool & land, 1 year membership is not medically necessary.