

<b>Case Number:</b>	CM15-0037405		
<b>Date Assigned:</b>	03/05/2015	<b>Date of Injury:</b>	12/23/2010
<b>Decision Date:</b>	04/20/2015	<b>UR Denial Date:</b>	02/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/27/2015

### 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:

This 60-year-old male sustained a work related injury at 12/23/2010. According to a progress report dated 10/20/2014, diagnoses included C5-6 and C6-7 significant discopathy, status post lumbar spine surgery 03/15/2014, internal medicine problems, trochanteric bursitis and status post lumbar arthrodesis, three levels. A partially illegible handwritten progress report dated 01/22/2015 was submitted for review. The injured worker complained of persistent unchanged neck and back pain. He experienced numbness in the bilateral upper extremities/hands at times. He had been walking 30 minutes 4-5 days a week. The provider requested gym membership and aquatic therapy. The injured worker was able to tolerate more frequent exercises if able to alternate between land and pool. Pain level was not rated. A progress report from previous pool therapy dated 10/07/2014 (session 8) was submitted for review. The injured worker reported that mobility and strength continued to improve with pool therapy. Pain was rated 7-9 on a scale of 1-10. He reported that he was still limited with his activities of daily living. He did stop using a cane.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Gym membership for 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, Gym memberships.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Low back chapter, Gym memberships.

**Decision rationale:** The patient presents with neck and back pain. The patient is status post lumbar fusion from March 2014. The physician is requesting a GYM MEMBERSHIP FOR SIX MONTHS. The RFA was not made available for review. The patient's date of injury is from 12/23/2010 and he is currently temporarily totally disabled. The MTUS Guidelines recommends exercise but states that there is no sufficient evidence to support the recommendation of any particular exercise regimen over any exercise regimen. ODG Guidelines do not recommend gym memberships as medical treatments. They are not recommended as a prescription unless a documented home exercise program with periodic assessment and revisions have not been effective; there is a need for equipment; and treatment needs to be monitored and administered by medical professionals. The records do not show any previous request for a gym membership. The 01/28/2015 progress report shows that the patient complains of persistent neck and back pain. He states that he experiences numbness in the bilateral upper extremities and hands. The patient has been walking 30 minutes per day 4 to 5 days a week. There is tenderness in the paravertebral muscles in bilateral gluteal area. Muscle guarding was noted. Sensory examination is intact. DTRs are 2+ in the bilateral upper extremities and right knee. The physician is requesting a short course of pool therapy as it has been beneficial as part of post-operative therapy for the lower back. In this case, there is no indication that the patient's current home exercise program has not be effective, there is no discussion that there is medical need for equipment and there is no plan for medical monitoring. The request IS NOT medically necessary.

**Aquatic therapy 2 times a week for 4 weeks (8 sessions):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines aquatic therapy physical medicine Page(s): 22, 98-99.

**Decision rationale:** The patient presents with neck and back pain. The patient is status post lumbar fusion from March 2014. The physician is requesting an AQUATIC THERAPY 2 TIMES A WEEK FOR 4 WEEKS, 8 SESSIONS. The RFA was not made available for review. The patient's date of injury is from 12/23/2010 and he is currently temporarily totally disabled. The MTUS Guidelines page 22 recommends aqua therapy as an option for land-based physical therapy in patients that could benefit from decreased weight bearing such as extreme obesity. For the number of treatments, MTUS physical medicine section page 98 and 99 states that 8 to 10 sessions of physical therapy is indicated for various myalgias and neuralgias. The records do not show any aquatic therapy reports. According to the handwritten report from 01/28/2015, the

patient continues to complain of persistent neck and back pain. The patient experiences numbness in the bilateral upper extremities and hands. The patient has been walking 30 minutes a day, 4-5 days a week. There is decreased lordosis in the thoracic and lumbar spine. A 7 cm midline surgical scar was noted in the lumbar spine. There is tenderness to the paravertebral muscles in the lumbar spine and bilateral gluteal area. Muscle guarding was noted. DTRs are 2+ in the bilateral upper extremities and right knee. In this case, there is no documented instability or weight-bearing issues to warrant the need for aquatic therapy. The request IS NOT medically necessary.