

<b>Case Number:</b>	CM15-0049221		
<b>Date Assigned:</b>	03/23/2015	<b>Date of Injury:</b>	09/20/2011
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	03/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/16/2015

### 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, Hawaii  
 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:

The injured worker is a 66 year old male, who sustained an industrial injury on 9/20/2011, while employed as a set costumer. He reported a motor vehicle accident, resulting in pain to his low back, right hip, right leg, and right arm. The injured worker was diagnosed as having right rip labrum tear, right hip contusion, lumbar strain/sprain, and right hip osteoarthritis. Treatment to date has included magnetic resonance imaging of the brain on 1/17/2014, right hip arthroscopy and labral repair on 11/08/2013, right hip arthroscopy on 11/20/2014, medications, right hip x-ray on 12/20/2013, and physical therapy, and water based exercises. Currently, the injured worker complains of having good days and bad days. He rated pain as tolerable at 4/10 and at times 8/10, if he did any housework or minor activities. He was previously doing water based exercises and reported being out of money to pay for a gym membership, to continue pool exercises. Overall he was feeling better after his second right hip arthroscopic surgery. He used crutches for ambulation. Exam of his right hip noted slight tenderness at the anterior hip/inguinal area, with significant pain with internal rotation. A current medication regime was not noted. The treatment plan included acupuncture treatments and a gym membership for 3 months, for independent pool exercise program.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pool/Gym Membership x3 months for the right hip and lumbar spine: 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) Treatment Index, 13th Edition (web), 2015, Low Back, Gym Memberships.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy Page(s): 22. Decision based on Non-MTUS Citation ODG Lumbar chapter Gym Membership.

**Decision rationale:** The patient presents with pain to the low back, right hip, right leg, and right arm. The current request is for Pool/Gym Membership x3 months for the right hip and lumbar spine. The treating physician states, in a report dated 02/12/15, "I strongly recommended less impact with his exercises by using stationary biking and pool exercises rather than prolonged walking". (6B) The MTUS guidelines state, "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". In this case, the treating physician has documented prior Physical Therapy, Home Exercise, and Stretching Programs. No extreme obesity has been documented. While it was noted that the pool exercises "were helping", there is no medical justification to support the request for pool membership and there is no documentation of proposed medical supervision as required by the ODG guidelines for consideration of gym memberships. The current request is not medically necessary and the recommendation is for denial.