

<b>Case Number:</b>	CM15-0053443		
<b>Date Assigned:</b>	03/26/2015	<b>Date of Injury:</b>	05/09/2012
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	02/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/20/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 55 year old female, who sustained an industrial injury on 5/9/2012. The current diagnosis is lumbar radiculopathy. According to the progress report dated 1/13/2015, the injured worker complains of worsening pain in the low back. Additionally, she reports bilateral knee pain and instability. The current medications are Norco, Omeprazole, Zolpidem, Ibuprofen, and Tums. Treatment to date has included medication management and pain medication injection. The plan of care includes gym membership for pool therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Gym membership for own pool therapy:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**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 & Thoracic (Acute & Chronic), Gym memberships and Other Medical Treatment Guidelines American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 6: p87.

**Decision rationale:** The claimant sustained a work injury occurring nearly 3 years ago. She was having worsening low back pain and bilateral knee pain with instability. When seen, the evaluation references needing to undergo a course of aquatherapy. A trial of aquatic therapy is recommended for patients with chronic low back pain or other chronic persistent pain who have co-morbidities such as obesity or significant degenerative joint disease that could preclude effective participation in weight-bearing physical activities. If any membership to a pool is covered, coverage should be continued if it can be documented that the patient is using the facility at least 3 times per week and following a prescribed exercise program. In this case, the claimant has not had aquatherapy. There is no prescribed exercise program or history of participation in pool exercises. Therefore, the requested gym membership with a pool was not medically necessary.