

<b>Case Number:</b>	CM14-0122901		
<b>Date Assigned:</b>	09/16/2014	<b>Date of Injury:</b>	10/17/2001
<b>Decision Date:</b>	10/23/2014	<b>UR Denial Date:</b>	07/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/04/2014

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 injured worker is a 63 year old male with a reported date of injury of October 17, 2001. Mechanism of injury is reported as preventing a dog from jumping on students, he was crouched down, and felt pain in his lower back, while performing the regular duties of his occupation as a pre-school teacher. Occupational medicine office visit note, dated March 27, 2014, indicates the injured worker is status post laminectomy and fusion L4-L5 and L5-S1 with marked weakness of the left foot and ankle dorsiflexion. The injured worker complains of pain, limited activities and poor sleep. He notes weakness in the left leg and foot, causing him to kick his toe and fall on several occasions. The injured worker ambulates with a cane in his left hand and his stoppage gait on the left. He has 4/5 strength of the left tibialis anterior and extensor hallucis longus. There is positive weakness to the left foot on dorsiflexion. He is recommended for a renewal of his medications and an AFO brace to support the left foot drop. His work status is reported as permanent and stationary. No recommendation for a Gym Program membership with pool for one year was noted as a result of that visit. Noted in peer review, dated July 24, 2014, the treating physician progress note dated July 17, 2014 indicated the injured worker received a leg brace but was not receiving therapy and requested a gym membership at this visit July 17, 2014 visit note was not included in the documentation provided. It was noted in physical therapy / aquatic therapy notes that the injured worker has been attending aquatic therapy since July 2013. Documentation dated November 22, 2013 indicates the injured worker discharged from aquatic therapy. Prior utilization review denied request for Gym Program Membership with pool for one year on July 24, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Gym Program Membership with pool for one year: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Vol. 2 3rd Ed (2011) Low Back, Clinical Measures, p. 448. Aquatic therapy (Including swimming) and Official Disability Guidelines (ODG) Low Back: Gym Membership

**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 - Gym Membership

**Decision rationale:** Per ODG, Gym membership is 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. At this juncture, it is reasonable that the patient should be well versed in a self-directed home exercise program following physical therapy. The guidelines support that functional improvements can be obtained safely and efficiently with a fully independent home exercise program and self-applied modalities which does not require access to a gym or health club. In this case, the criteria are not met. Therefore, the requested service is not medically necessary.