

<b>Case Number:</b>	CM14-0150022		
<b>Date Assigned:</b>	09/18/2014	<b>Date of Injury:</b>	03/14/2002
<b>Decision Date:</b>	10/20/2014	<b>UR Denial Date:</b>	09/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/15/2014

### 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 Occupational Medicine and is licensed to practice in Texas. 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:

The injured worker is a 71 year male involved in a work related injury from 3/4/02. The injured worker was having long periods of time sitting in his car. This resulted in neck, back and shoulder pain. The injured worker has had prior back surgeries in 2002 and 2003. There is a note from 8/14 noting the injured worker has neck and bilateral shoulder pain. He has painful limited range of motion in the bilateral shoulders. He does daily exercising and swimming which is helpful.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Gym membership for pool/water exercises and swimming QTY: 1 year:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM) Practice Guidelines, page 114, Official Disability Guidelines (ODG)-Treatment in Workers Comp 2012 on the Web ([www.odgtreatment.com](http://www.odgtreatment.com)) and Work Loss Data Institute ([www.worklossdata.com](http://www.worklossdata.com)), (updated 02/14/12)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Lumbar, Gym Memberships

**Decision rationale:** The injured worker has had documented benefit with a swimming program. He has less success in treating his chronic shoulder dysfunction with regular physical therapy and/or regular home exercises and land exercises. The notes indicate that with swimming, the injured worker has enhanced shoulder function, less pain and more mobility. At the same time, when the injured worker has not had access to swimming activities, his pain and dysfunction increases and he has impaired ability to do his activities of daily living. Given this, it is clear that the swimming program at the gym is medically appropriate and necessary at this time. According to Official Disability Guidelines, there must be documentation that the injured worker has failed land exercises or a regular home exercise program. The prior denial addressed issues that said there was not documentation of failure with land exercises or regular home exercise program. Data has now been provided which indicates that there has been failure with these forms of exercise, and given this, the requested swimming at the gym is appropriate. Therefore the request is medically necessary.