

<b>Case Number:</b>	CM14-0083343		
<b>Date Assigned:</b>	07/21/2014	<b>Date of Injury:</b>	03/30/2013
<b>Decision Date:</b>	09/19/2014	<b>UR Denial Date:</b>	05/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/05/2014

### 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:

The injured worker is a 51-year old male who reported an injury on 03/30/2013 due to a fall. The diagnoses were listed as back pain and myofasciitis. Past treatment included medication. There was no surgical history noted. The diagnostic studies included an unofficial pelvic CT scan that came back negative. On 05/15/2014, the injured worker complained of pain that radiated to her groin and down her buttocks to her knees. She rated the pain 6-9/10 and reported that the pain was worse in the car or walking stairs and better with medication or sitting on her side. She reported that the diazepam helps with her spasms. Upon examination, the injured worker was noted to have an antalgic gait, moderate swelling and tenderness to palpation over tailbone. A positive straight leg raise was documented and tenderness to palpation was noted over her paraspinal musculature as well. Her medications were noted as Ultram, Diazepam, Tylenol 3 and Glipizide. The treatment plan was for the pool for six months and continues medications; injured worker was instructed not to work due to severe pain. Severe coccydynia was awaiting a gynecological input. The rationale for the request is not provided. The request for authorization form was not submitted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pool/gym membership x 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.

**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 Memberships.

**Decision rationale:** The Official Disability Guidelines state that gym memberships are 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. Gym memberships, health clubs, swimming pools, and athletic clubs are not considered medical treatment. The documentation submitted for review did not include evidence that a home exercise program had not been effective and that the injured worker required gym equipment. In addition, she was not noted to have objective functional deficits at her 05/15/2014 visit. Based on this and as gym and pool memberships are not considered medical treatment. And are therefore not covered under these guidelines, the request is not supported. As such, the Pool/gym membership x 6 months is not medically necessary.