

<b>Case Number:</b>	CM14-0214855		
<b>Date Assigned:</b>	01/02/2015	<b>Date of Injury:</b>	10/01/2001
<b>Decision Date:</b>	02/28/2015	<b>UR Denial Date:</b>	11/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/23/2014

### 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. 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 patient is a 55-year old female with date of injury 10/1/01. The treating physician report dated 10/22/14 (105b) indicates that the patient presents with widespread global pain complaints. The physical examination findings reveal the patient continues with heightened somatic focus. She has generalized tenderness and referred back pain with minimal straight leg raise. Prior treatment history includes aquatic therapy, home interferential unit, epidural injections and trigger point injections. MRI findings were not included. Current medications are Cymbalta, Omeprazole and Gabapentin. The current work status is not noted but the patient is noted to be permanent and stationary. The current diagnoses are: 1. Chronic widespread pain disorder. 2. Somatoform pain disorder. 3. Fibromialgia. The utilization review report dated 11/24/14 (106b) denied the request for gym membership for warm pool therapy based on ODG.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Gym Membership for Warm Pool Therapy:** 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)

**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 Chapter: Gym Memberships.

**Decision rationale:** The patient presents with widespread global pain complaints. The current request is for gym membership for warm pool therapy. The treating physician states that, "the patient has widespread pain and findings of somatoform disorder. Prognosis remains poor. She is recommended gym membership for self-directed warm pool exercise." MTUS is silent regarding this proposed treatment. ODG states that gym memberships are only allowed in cases where a documented home exercise program with periodic assessment and revision has not been effective and there is a need for equipment. Since pool exercises have been shown to be beneficial for chronic pain and the patient does not have access to a pool, a gym with a pool would be beneficial. ODG guidelines under exercises for pain states, " Physical therapy in warm-water has been effective and highly recommended in persons with fibromyalgia. In addition, treatment needs to be monitored and administered by medical professionals. In this case, the patient has performed aquatic therapy in the past but the results were not provided. Additionally, the physician has requested the gym membership for an undefined period of time. Given the lack of aquatic therapy treatment history as well as non-specific gym membership duration of time the current request is not medically necessary.