

<b>Case Number:</b>	CM14-0215020		
<b>Date Assigned:</b>	01/02/2015	<b>Date of Injury:</b>	02/26/2005
<b>Decision Date:</b>	02/25/2015	<b>UR Denial Date:</b>	11/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/22/2014

### 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, Indiana, New York  
Certification(s)/Specialty: Internal Medicine

### 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 (IW) is a 47-year-old man with a date of injury of February 26, 2005. The mechanism of injury was not documented in the medical record. The injured worker's working diagnosis is lumbosacral radiculitis. Pursuant to the progress reports dated November 13, 2014, the IW complains of back pain that radiates to the left leg. He rates the pain 6/10 on the pain scale. The pain is described as moderate with occasional sharp pains in both legs. A physical examination was not documented. According to documentation, the IW has completed 24 sessions of physical therapy as of December 4, 2014. The therapy appeared to be aquatic therapy. The IW was reported to be 6 feet tall, and weighed 211 pounds. The treating physician is recommending a swimming pool membership. The current request is for 1 swimming membership at the YMCA.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 Swimming membership at the YMCA:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Pain section, Gym membership

**Decision rationale:** Pursuant to the Official Disability Guidelines, one swimming membership YMCA is not medically necessary. The guidelines do not recommend a gym membership as a medical prescription unless a documented home exercise program with periodic assessment and revision has not been effective and there has been a need for equipment. Treatment needs to be monitored and administered by medical professionals. Gym memberships, health clubs, swimming pools, athletic clubs, etc., would not generally be considered medical treatment and are therefore not covered under these guidelines. In this case, the injured worker's working diagnosis is lumbosacral radiculitis. The guidelines do not recommend a gym membership is a medical prescription. Gym memberships would not generally be considered medical treatment and, therefore, are not covered under these guidelines. Based on clinical information in the medical record and the peer-reviewed evidence-based guidelines, one swimming membership YMCA is not medically necessary.