

<b>Case Number:</b>	CM15-0017964		
<b>Date Assigned:</b>	02/05/2015	<b>Date of Injury:</b>	07/31/2003
<b>Decision Date:</b>	03/25/2015	<b>UR Denial Date:</b>	01/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/30/2015

### 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: Arizona, California  
 Certification(s)/Specialty: Family Practice

### 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 67 year old male, who sustained an industrial injury on 7/31/2003. The diagnoses have included pain in joint shoulder and pain in joint lower leg. Treatment to date has included multiple surgeries on his shoulders and knees, activity modification, medications and aqua therapy has been approved. Currently, the IW complains of pain in the bilateral shoulders, bilateral knees and right ankle. He reports a 30% reduction in pain with medications. He received authorization for aqua therapy as of 8/08/2014 but has not started treatment yet. Objective findings included an antalgic gait and normal muscle tone throughout the upper and lower extremities. On 1/22/2015, Utilization Review non-certified a request for a gym membership with pool access noting that the clinical information submitted for review fails to meet the evidence based guidelines for the requested service. The MTUS/ACOEM and ODG were cited. On 1/30/2015, the injured worker submitted an application for IMR for review of a gym membership with pool access for 13 weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Gym membership with pool access:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines aquatic therapy Page(s): 22.

**Decision rationale:** Aquatic therapy is recommended as an optional form of exercise therapy, where available, as an alternative to land-based physical therapy. Aquatic therapy (including swimming) can minimize the effects of gravity, so it is specifically recommended where reduced weight bearing is desirable, for example extreme obesity. The length of treatment recommended is up to 8 sessions. In this case, the request for gym access with a pool for 13 weeks is for aqua therapy. Although the claimant had challenges with weight bearing, he was able to walk with a cane. The frequency of the aquatic therapy at the gym was not specified. The amount of sessions that can be completed in 13 weeks would be greater than 8 sessions. In addition, the gym membership would not be supervised therapy. The request for the above is not medically necessary.