

<b>Case Number:</b>	CM15-0127930		
<b>Date Assigned:</b>	07/09/2015	<b>Date of Injury:</b>	01/20/2010
<b>Decision Date:</b>	08/31/2015	<b>UR Denial Date:</b>	06/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/02/2015

### 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: Pennsylvania, Ohio, California  
 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 injured worker is a 59 year old male, who sustained an industrial injury on 1/20/2010. Diagnoses include compression fracture L4, status post 360-degree arthrodesis at L5-S1 with hardware symptomatic, cerebrovascular accident (CVA), anxiety, depression, coronary artery disease (CAD), diabetes mellitus, renal failure and lumbar radiculopathy at L5 right greater than left, positive EMG (electromyography). Treatment to date has included surgical intervention as well as conservative treatment including medications, heat application, physical therapy, and aquatic therapy. Per the Primary Treating Physician's Progress Report dated 4/13/2015, the injured worker reported low back pain with numbness and tingling in the bilateral legs with sharp and stabbing pain. Physical examination of the lumbar spine revealed tenderness with paraspinal spasms noted. Ranges of motion were flexion to 50 degrees, extension 5 degrees, and left and right lateral bending 20 degrees. The plan of care included a bone scan and, if positive, kyphoplasty at L4, magnetic resonance imaging (MRI) and aquatic therapy. Authorization was requested for gym membership for 6 months for aquatic therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Gym membership for 6 months for aquatic 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), Low back - Gym memberships.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

**Decision rationale:** MTUS encourages physical therapy with an emphasis on active forms of treatment and patient education. This guideline recommends transition from supervised therapy to active independent home rehabilitation. Given the timeline of this injury and past treatment, the patient would be anticipated to have previously transitioned to such an independent home rehabilitation program. The records do not provide a rationale at this time for specialized equipment or a gym membership rather than an independent active home rehabilitation program. This request is not medically necessary.