

<b>Case Number:</b>	CM15-0177629		
<b>Date Assigned:</b>	09/18/2015	<b>Date of Injury:</b>	04/23/2013
<b>Decision Date:</b>	10/21/2015	<b>UR Denial Date:</b>	08/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/09/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 55 year old female who sustained an injury on 4-23-13 resulting when a basketball hit her face and head causing her to hyperextend back. She immediately had neck pain with headaches. The medical records indicate chronic persistent axial neck pain; left arm numbness and burning pain status post her injury. Treatment has included 6 sessions chiropractic treatment and 12 sessions of physical therapy without relief, 7-29-15 progress report indicates the IW was told to try exercise and swim and has been doing this and noticed that she is a little bit more relaxed and feels better after doing the swimming for her neck. She wants to try to get off the pain medications (Neurontin and Flexeril) and try Motrin at bedtime. She is asking for a gym membership to have access to a pool. She has neck pain that radiates into the left shoulder; cervical spine tenderness in the left trapezius and lower cervical region with spasms. Neurological examination reveals normal sensation to light touch; tingling and diminished sensation in the left arm C6 dermatome. She has significant neck pain and arm pain despite six sessions of chiropractic care and two sessions of physical therapy. MRI cervical spine 1-12-15 shows multilevel cervical spondylosis most notable at C4-5, C5-6, and C6-7; largest disc osteophyte complex is at C5-6 with severe right neuroforaminal narrowing and moderate left- side neuroforaminal narrowing. She is able to manage her symptoms conservatively with swimming and home exercise but does not have access to a pool. Medications prescribed were Motrin 600 mg to take as needed. Current requested treatments gym membership for 6 months for access to a pool. Utilization review 8-12-15 requested treatment non-certified.

## 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 access to a pool:** 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 Chapter, Gym Memberships.

**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-Lumbar & Thoracic (Acute & Chronic), Gym memberships and Other Medical Treatment Guidelines American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2007) Chapter 6: p87.

**Decision rationale:** The claimant sustained a work injury in April 2013 and is being treated for neck pain with left upper extremity radiating symptoms. When seen, she had been told to exercise and to try to swim. She had done this and noticed that she felt better and was more relaxed. Physical examination findings included left trapezius and cervical tenderness with muscle spasms. There was decreased left upper extremity strength. Motrin was prescribed. A six month gym membership for pool access was requested. Aquatic therapy is recommended for patients with conditions including chronic persistent pain and who have comorbidities that would be expected to limit participation in weight-bearing physical activities. In this case, the claimant is being treated for neck and left upper extremity pain without lower extremity impairment that would be expected to prevent conventional land-based therapy. Additionally, a gym membership is 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. There is no documentation of a prescribed exercise program or failure of a revised home exercise program. The requested gym membership is not medically necessary.