

<b>Case Number:</b>	CM15-0065652		
<b>Date Assigned:</b>	04/13/2015	<b>Date of Injury:</b>	02/09/2009
<b>Decision Date:</b>	05/12/2015	<b>UR Denial Date:</b>	03/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/07/2015

### 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: 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 is a 67 year old female, who sustained an industrial injury on February 9, 2009. She reported neck, back, bilateral hip and bilateral knee pain. The injured worker was diagnosed as having closed fracture of unspecified part of neck of femur, tear of medial cartilage or meniscus of knee, current, chondromalacia of patella, rotator cuff syndrome of shoulder and allied disorders, cervical strain, cervical radiculopathy, displacement of cervical intervertebral disc without myelopathy and degeneration of cervical intervertebral disc. Treatment to date has included left hip surgery, right knee surgery, radiographic imaging, diagnostic studies, aquatic therapy, knee bracing, conservative care, medication and work restrictions. Currently, the injured worker complains of neck, back, bilateral hip and bilateral knee pain with associated radicular symptoms. The injured worker reported an industrial injury in 2009, resulting in the above noted pain. She was treated conservatively and surgically without complete resolution of the pain. It was noted past pool therapy was beneficial in reducing pain. Evaluation on October 16, 2014, revealed continued pain and associated symptoms. Evaluation on April 6, 2015, revealed pain and weakness. A one year pool membership was requested.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One year pool membership:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy Page(s): 22. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Aquatic therapy; Knee & Leg, Aquatic therapy.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Section, Gym membership.

**Decision rationale:** Pursuant to the Official Disability Guidelines, one year pool membership is not medically necessary. Gym memberships are not recommended as a medical prescription unless a documented home exercise program periodic assessment and revision has not been effective and there is a need for equipment. Plus, treatment needs to be monitored and administered by medical professionals area with unsupervised programs, there is no information flow back to the provider, so he or she can make changes in the prescription, and there may be risk of further injury to the patient. 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 workers working diagnoses (largely illegible) are lumbosacral sprain/strain; status post left hip open reduction internal fixation; left shoulder impingement; etc. The injured worker is being treated for knee complaints and complaints. The injured worker has been using a local [REDACTED] for approximately 5 years. The treating orthopedist is requesting a one-year pool membership. Gym memberships, health clubs, swimming pools, athletic clubs, etc., would not generally be considered medical treatment and are therefore not covered under these guidelines. Consequently, absent guideline recommendations for a pool membership, one-year pool membership is not medically necessary.