

<b>Case Number:</b>	CM15-0097947		
<b>Date Assigned:</b>	05/29/2015	<b>Date of Injury:</b>	04/13/2001
<b>Decision Date:</b>	07/03/2015	<b>UR Denial Date:</b>	04/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/20/2015

### 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, North Carolina  
 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 40 year old female with an industrial injury dated 4/13/2001. The injured worker's diagnoses include degenerative disc disease with lumbar disc protrusion, status post two level fusion in January of 2004. Treatment consisted of diagnostic studies, prescribed medications, and periodic follow up visits. In a progress note dated 4/14/2015, the injured worker reported low back pain. The injured worker reported that she was unable to motivate herself to walk due to increased pain and would like to get a gym membership to access pool for self-directed therapy. Objective findings revealed decreased range of motion and tender lumbar paraspinals. The treatment plan consisted of medication management and water therapy. The treating physician prescribed services for three month [REDACTED] membership for self-directed pool therapy now under review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**3 month [REDACTED] membership for self directed pool 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, Low Back, 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 chapter, gym membership.

**Decision rationale:** Ca MTus does not address gym memberships. ODG do not recommend gym memberships or memberships to swimming pools, as they are not considered medical treatment and are not covered by the ODG. There was a lack of documentation in this case of exceptional factors to support nonadherence to guideline recommendations. There is also no documentation of a home exercise program with periodic assessment and no demonstrated need for special equipment. In this case a home walking program was recommended, however the patient was noted to lack motivation. Therefore, given the above findings, this requested is deemed not medically necessary.