

Case Number:	CM13-0022214		
Date Assigned:	04/23/2014	Date of Injury:	07/09/2007
Decision Date:	05/22/2014	UR Denial Date:	08/26/2013
Priority:	Standard	Application Received:	09/09/2013

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. The expert reviewer is Board Certified in Orthopedic Surgery, and is licensed to practice in Arizona. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

47-year-old female sustained injuries to both knees on 7/9/2007. Examination of 7/17/2013, Notes patient has pain in both knees. She underwent a right total knee arthroplasty but still has some residual pain. Most of her pain is in her left knee which she rates at a 9/10. She reports stabbing pain which is worse at night. Previous Orthovisc injections gave her 9 months relief of her symptoms. She has taken Vicodin ES between 2 and 3 tablets at night. Physical examination reveals painful patellofemoral crepitation of the left knee, ligaments are stable, negative McMurray test, and weak quadriceps and hamstring strength. The right knee exam is essentially negative. X-rays reveal moderate degenerative joint disease of the left knee and a well-positioned total knee arthroplasty on the right knee. Recommendation was for a 1 year gym membership to access a swimming pool.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 YEAR GYM MEMBERSHIP: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES; GYM MEMBERSHIPS, Knee and Leg (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines AQUATIC THERAPY, PHYSICAL MEDICINE, Page(s): 22 AND 98 and Official Disability Guidelines (ODG) knee), Gym Membership..

Decision rationale: MTUS guidelines do not specifically address membership to a gym but it does mention aqua therapy as being an alternative to land-based therapy when it is available. It can minimize the effects of gravity in those cases in which reduced weightbearing is desirable, for example, in the extreme obese patient. Active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoration. This form of therapy may require supervision from a therapist or medical provider such as verbal, visual, and/or tactile instructions. OD G states that gym membership is not recommended as a medical prescription unless a home exercise program has not been effective or there is need for equipment. Plus treatment needs to be monitored and administered by medical professionals. There is no documentation why aqua therapy is recommended over land-based therapy, why a home-based exercise program has not been effective. There is also no documentation as to the exercise program. It does not account for the need for supervision by medical professional, or the expectations of such therapy. Therefore, the medical necessity for a gym membership has not been established.