

<b>Case Number:</b>	CM13-0023821		
<b>Date Assigned:</b>	12/13/2013	<b>Date of Injury:</b>	01/14/2010
<b>Decision Date:</b>	02/03/2014	<b>UR Denial Date:</b>	09/05/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/12/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Family Practice and is licensed to practice in California. 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 physician 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:

The patient is a 45 year old female who reported a work related injury on 01/14/2010 due to a fall. The patient has complaints of bilateral knee pain. Her diagnoses are listed as osteoarthritis of the bilateral shoulder region, chondromalacia of patella, bilateral, unspecified internal derangement of knee, bilateral, and contusion of knee, bilateral. The patient underwent physical therapy sessions, however, she has not maintained an exercise program for her knees. A request was made for gym membership with pool for 6 months and a Tru-Pull right knee brace.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Gym membership with pool for 6 month:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy Page(s): 22.

**Decision rationale:** Per recent clinical documentation submitted for review, the patient has complaints of bilateral knee pain, left greater than right. The patient stated while ambulating, she felt as if her right leg would give out. The patient was noted to have a positive McMurray's test laterally and medially. The diagnostic impression was noted as bilateral degenerative joint

disease of the lateral knees, left more than right, chondromalacia of the patella bilaterally, osteoarthritis, internal derangement of the knees and contusion of the knees bilaterally. Physical exam of the knees revealed flexion as 80/100 to the left knee and 80/100 to the right knee with extension at 0. Official Disability Guidelines indicate that gym memberships are 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. Recent clinical documentation submitted for review stated the patient had not maintained an exercise program at home for her knees. Guidelines further state that gym memberships, health clubs, swimming pools, and athletic clubs would not generally be considered medical treatment, and are therefore, not recommended. California Medical Treatment Guidelines for chronic pain indicate that aquatic therapy is specifically recommended where reduced weight bearing is desirable. There was a lack of documentation noted for the patient that reduced weight bearing was ordered for the patient. Given the above, the decision for gym membership with pool for 6 months is non-certified.

**Tru-Pull right knee brace:** 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) Knee Chapter.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 339-340. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg Chapter, Knee Brace.

**Decision rationale:** Recent clinical documentation submitted for review stated the patient was provided with a knee brace which was the wrong size and a replacement brace had been requested. California Medical Treatment Guidelines indicate that a knee brace can be used for patellar instability, anterior cruciate ligament tear, or medical collateral ligament instability, although its benefits may be more emotional than medical. Guidelines further state that a brace is necessary only if the patient is going to be stressing the knee under load, such as climbing ladders or carrying boxes. For the average patient, using a brace is usually unnecessary. In addition, braces need to be properly fitted and combined with a rehabilitation program. The patient was not noted to be undergoing a rehabilitation program nor had plans to attend physical therapy sessions. Official Disability Guidelines indicate that custom fabricated knee braces may be appropriate for patients with abnormal limb contour, skin changes, severe osteoarthritis, maximal offloading of painful or repaired knee compartment, or severe instability as noted on physical examination of the knee. The clinical documentation presented for review does not support the request for Tru-Pull right knee brace. Therefore, the request is non-certified.