

<b>Case Number:</b>	CM13-0043336		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	10/03/2011
<b>Decision Date:</b>	04/25/2014	<b>UR Denial Date:</b>	10/17/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/23/2013

### 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 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 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:

The patient is a 47-year-old female who reported an injury on 10/03/2011. The mechanism of injury was not provided in the medical records. The patient was diagnosed with osteoarthritis, localized, primary, ankle and foot. The patient's symptoms included right ankle pain rated at a 6/10. The patient's muscle strength was noted to be a 5/5 to all groups, right/left foot and ankle. Ankle range of motion was noted to be 10 degrees dorsiflexion and 40 degrees plantar flexion bilaterally. Subtalar joint range of motion was noted to be 15 degrees of inversion and 5 degrees of eversion bilaterally. There was no crepitation to the right and left ankle. Past medical treatment included physical therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**A THREE MONTH GYM MEMBERSHIP FOR POOL THERAPY FOR THE RIGHT ANKLE:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

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

**Decision rationale:** According to the California MTUS Guidelines, aquatic therapy is an optional form of exercise therapy that is specifically recommended where reduced weight bearing is desirable. The documentation submitted for review indicates the patient has had at least 4 physical therapy visits; however, the specific number of completed physical therapy sessions was not provided. In addition to that, the documentation failed to provide evidence of the need for aquatic therapy. Official Disability Guidelines state that gym memberships are "not recommended as a medical prescription unless a home exercise program has not been effective and there is a need for equipment. Plus, treatment needs to be monitored and administered by medical professionals." Therefore, the request is not supported. Given the above, the request for **A THREE MONTH GYM MEMBERSHIP FOR POOL THERAPY FOR THE RIGHT ANKLE** is non-certified.