

Case Number:	CM13-0045374		
Date Assigned:	12/27/2013	Date of Injury:	12/28/2012
Decision Date:	02/27/2014	UR Denial Date:	10/30/2013
Priority:	Standard	Application Received:	11/12/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Management 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:

This is a female patient with the date of injury of December 28, 2012. A utilization review determination dated October 30, 2013 recommends non-certification of 1 YMCA membership for water exercises for symptoms related to the lumbar spine, 2 times a week for 6 weeks, as an outpatient. The previous reviewing physician recommended non-certification of 1 YMCA membership for water exercises for symptoms related to the lumbar spine, 2 times a week for 6 weeks, as an outpatient due to it not constituting a clinical, professionally-directed medical service, the activities are not explicitly prescribed and supervised by a licensed health professional, goals are not established and monitored, and adherence is voluntary and compliance is not measurable. A Progress Report dated October 31, 2013 identifies Subjective complaints of severe left knee pain continued, residual LBP too. Objective findings identify swollen tender left knee, limps & uses cane. Diagnoses include osteoarthritis knee, pain in knee/patellofemoral syndrome, and lumbosacral neuritis NOS. Treatment Plan identifies left knee was injected with Synvisc #3, continue with PT, and continue meds.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prospective Request for 1 YMCA Membership for Water Exercises for Symptoms Related to the Lumber Spine, 2 times a week for 6 weeks, as an outpatient between 10/22/2013 and 12/6/2013: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines, Low Back- Lumbar & Thoracic (Acute & Chronic)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (Effective July 18, 2009) Page(s): 46-47 of 127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg Chapter, Gym Membership, Aquatic Therapy

Decision rationale: Regarding the request for 1 YMCA Membership for Water Exercises for Symptoms Related to the Lumber Spine, 2 times a week for 6 weeks, as an outpatient between 10/22/2013 and 12/6/2013, Chronic Pain Medical Treatment Guidelines state 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. Plus, treatment needs to be monitored and administered by medical professionals. Additionally, Occupational Medicine Practice Guidelines state Non-weight-bearing exercises, such as swimming or floor exercises, can be carried out while allowing the affected knee to rest before undergoing specific exercises to rehabilitate the area at a later date. Furthermore, ODG states aquatic therapy is recommended where reduced weight bearing is desirable, for example extreme obesity. Within the medical information made available for review, there is no documentation that a documented home exercise program with periodic assessment and revision has not been effective and there is a need for equipment. In addition, there is no mention that treatment will be monitored and administered by medical professionals and that reduced weight bearing is desirable, such as with extreme obesity. In the absence of such documentation, the currently requested 1 YMCA Membership for Water Exercises for Symptoms Related to the Lumber Spine, 2 times a week for 6 weeks, as an outpatient between 10/22/2013 and 12/6/2013 is not medically necessary.