MAXIMUS Federal Services

Case Number:	CM13-0047663		
Date Assigned:	12/27/2013	Date of Injury:	01/19/2006
Decision Date:	02/28/2014	UR Denial Date:	10/30/2013
Priority:	Standard	Application Received:	11/04/2013

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 Occupational Medicine 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 applicant has filed a claim for chronic low back, hip, bilateral knee, bilateral ankle, and neck pain associated with an industrial injury of January 29, 2006. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; prior left shoulder surgery; and extensive periods of time off of work. In an appeal letter of December 2, 2013, the attending provider writes that the applicant has been under treatment for over 18 months. The applicant has ongoing complaints of knee pain. She is on Norco 10/325 four times daily. She is walking with a walker and knee braces. It is stated that Norco has diminished her pain scores from 7-8/10 to 5-6/10. This allows her to walk with a walker and swim further each day to stay mobile. It is stated that the applicant's quality of life has improved as a result of introduction of Norco. An earlier note of October 9, 2013 is notable for comments that the applicant is pending a total knee arthroplasty. Authorization is sought for a six-month self-guided water therapy gym membership. The applicant continues to walk with the walker, is unsteady, and has ongoing issues of crepitation. The applicant was given work restrictions which apparently are not being accommodated by the employer.

IMR ISSUES, DECISIONS AND RATIONALES

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

six month gym membership for self-guided aquatic therapy: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management,Chronic Pain Treatment Guidelines Aquatic Therapy Page(s): 22.

Decision rationale: While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does endorse usage of aquatic therapy as an optional form of exercise therapy in those applicants in whom reduced weightbearing is desirable, the MTUS-adopted ACOEM Guidelines in chapter 5, however, notes that remaining and staying active as well as adhering to medication and exercise regimens are considered matters of employee responsibility. In this case, the service being sought by the attending provider, namely a gym membership, is in fact a service which ACOEM deems to be a matter of employee responsibility as opposed to a matter of medical necessity. While the applicant might very well be a candidate for a course of aquatic therapy, given her issues of immobility, multifocal pain and knee arthritis pending total knee arthroplasty, the six-month gym membership being proposed here is an article which has been deemed by ACOEM to be a matter of employee responsibility. Therefore, the request remains non-certified, on independent medical review.