

Case Number:	CM13-0055923		
Date Assigned:	12/30/2013	Date of Injury:	05/08/2001
Decision Date:	03/19/2014	UR Denial Date:	11/08/2013
Priority:	Standard	Application Received:	11/21/2013

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 Internal 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:

This is an 80 year old female status post injury 05/08/01. Her diagnoses include cervical thoracic strain/arthrosis, left shoulder impingement syndrome, left elbow lateral epicondylitis, left carpal tunnel syndrome, lumbosacral strain/arthrosis, status post left knee total arthroplasty, atrial fibrillation and fibromyalgia. Reviewing the available documentation (PR-2, 11/19/13) subjectively the patient stated her lumbar spine and right lower extremity cause her greatest complaints. She is overweight, status post left knee arthroplasty and ambulates with an antalgic gait. On examination the patient has bilateral knee effusions, a right knee flexion contracture, tenderness to palpation along medial aspects of both knees, in addition to tenderness of bilateral elbow lateral condyles, pectoralis major, upper trapezius region, and levator scapulae. Treatment received to date includes medication (Voltaren 1% gel, Prosom 2mg po qhs, Hydrocodone 5/500mg po bid prn, Flexeril 7.5mg po bid prn), and previous sessions of aquatic therapy which increased flexibility and her ADL's. Due to her atrial fibrillation the patient is not a candidate for further surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pool and Gym Membership for 1 year: 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), Section Low Back - Gym Memberships.

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

Decision rationale: Records indicated that this is an 80 year old who had tried land therapy and aquatic therapy , but the employee benefits more from the aquatic therapy. The employee had a health condition that does not allow for further surgery of the knees. Taking into consideration the employee's age and multiple medical conditions such as generalized osteoarthritis and evidence of heart condition (atrial fibrillation), these are likely factors of the non response to land therapy. It is unlikely based on this that this employee would further benefit from the aquatic membership, therefore the aquatic membership is not indicated.