

Case Number:	CM14-0108217		
Date Assigned:	09/19/2014	Date of Injury:	07/08/2009
Decision Date:	11/18/2014	UR Denial Date:	06/18/2014
Priority:	Standard	Application Received:	07/11/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Neuromuscular Medicine, and is licensed to practice in Maryland. 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 57-year-old female with a work injury dated 7/8/09. The diagnoses include right knee internal derangement with locked knee secondary to posterolateral subluxation of the knee and probable meniscal tear, per MRI of 9/9/11; right knee with history of anterior cruciate ligament tear; right knee arthroscopic chondroplasty of patella and medial femoral condyle and lysis of adhesions, 9/7 /2012. Under consideration is a request for gym with pool time, one year membership, to treat the right knee. Per documentation on a PR-2 report dated 06/04/14, the patient's right leg gave out and she fell since the last visit on 04/21/14. She complained of right knee pain and decreased range of motion (ROM), and she is only able to walk 50 feet before the right knee gives way due to weakness. The exam of the right knee revealed pain and crepitus over the patella femoral joint, tenderness to palpation over the medial, lateral joint line, patellar tendon and quadriceps tendon, antalgic gait and reduced ROM. Her diagnoses include right knee internal derangement with locked knee secondary to posterolateral subluxation of the knee and probable meniscal tear, per MRI 09/09/11; history of anterior cruciate ligament (ACL) tear, and right knee arthroscopic chondroplasty of patella and medial femoral condyle and lysis of adhesions. The plan was for a one-year gym membership with a pool to help increase right knee ROM, decrease pain and inflammation and increase flexibility and endurance. The patient was encouraged to do home exercises. There is a 1/14/14 progress note that states that since last seen in the office, she has not resumed any work activities. The patient denies any new or further injuries since she was last seen in the office. The patient uses a cane to assist in ambulation. Overall, the patient feels her condition has become worse since her last visit to the office. She complains of ongoing right knee pain. The pain is constant. She feels the range of motion of her right knee is limited. Movement increases her right knee pain. Examination of the right knee

reveals tenderness to palpitation to the medial joint line, quadriceps tendon, and patellar tendon. There is crepitus and tenderness of the patellofemoral joint. The patient ambulates with a gait antalgic to the right. The patient experiences limited extension and flexion, continues to experience symptomatology to the right knee with positive clinical findings. She reports pain to the right knee with limited and painful range of motion. Examination today revealed crepitus and tenderness to the patellofemoral joint, limited range of motion and an antalgic gait to the right. The treatment plan was to continue all medications and a knee brace.

IMR ISSUES, DECISIONS AND RATIONALES

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

A one-year membership to a gym with a pool for the right knee: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy Page(s): 22. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Gym memberships

Decision rationale: A one-year membership to a gym with a pool for the right knee is not medically necessary per the ODG and MTUS Guidelines. The MTUS does not specifically address pool membership but states 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. Per CA MTUS Guidelines, aquatic therapy is "recommended as an optional form of exercise therapy, where available, as an alternative to land-based physical therapy. Aquatic therapy (including swimming) can minimize the effects of gravity, so it is specifically recommended where reduced weight bearing is desirable, for example extreme obesity." The documentation is not clear on why the patient cannot tolerate land-based therapy. There is also no evidence that a home exercise program has not been effective. It is unclear why the patient requires a need for equipment. The request is not medically necessary.