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| Case Number: | CM14-0017277 | | |
| Date Assigned: | 04/14/2014 | Date of Injury: | 03/12/2008 |
| Decision Date: | 05/30/2014 | UR Denial Date: | 01/09/2014 |
| Priority: | Standard | Application Received: | 02/11/2014 |

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 Internal Medicine, Pulmonary Diseases 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 injured worker is a 65-year-old female who reported an injury on 03/12/2008. The mechanism of injury was not stated. Current diagnoses include a right ankle sprain, lumbar spine sprain, right elbow and right wrist sprain and right knee patellofemoral arthritis. The injured worker was evaluated on 12/31/2013. The injured worker completed 8 sessions of aquatic therapy. Physical examination revealed slight peripatellar effusion, limited range of motion and decreased strength. Treatment recommendations included additional aquatic therapy and a gym membership.

IMR ISSUES, DECISIONS AND RATIONALES

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

GYM MEMBERSHIP (WITH POOL) FOR 6 MONTHS: 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, Knee, Leg, Gym Memberships.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (Odg) Knee & Leg Chapter, Gym Memberships.

Decision rationale: The Expert Reviewer's decision rationale: The 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. There was no indication that this injured worker has failed to respond to a home exercise program. There was also no indication that this injured worker requires specialized equipment. Therefore, the current request is not medically appropriate. As such, the request for gym membership (with pool) for 6 months is not medically necessary.

AQUATIC THERAPY 2 TIMES A WEEK FOR 4 WEEKS TO THE LOWER EXTREMITY: Upheld

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

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

Decision rationale: The Expert Reviewer's decision rationale: The California MTUS Guidelines state that aquatic therapy is recommended as an optional form of exercise therapy where available as an alternative to land-based physical therapy. As per the documentation submitted, there was no indication that this injured worker requires reduced weightbearing as opposed to land-based physical therapy. There was also no evidence of objective functional improvement as a result of ongoing aquatic therapy. As such, the request for aquatic therapy 2 X week for 4 weeks to the lower extremity is not medically necessary.