

Case Number:	CM14-0124079		
Date Assigned:	08/08/2014	Date of Injury:	02/10/2011
Decision Date:	09/11/2014	UR Denial Date:	07/31/2014
Priority:	Standard	Application Received:	08/05/2014

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 & Rehabilitation and is licensed to practice in Nevada. 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 records presented for review indicate that this 61 year-old individual was reportedly injured on 2/10/2011. The mechanism of injury is not listed in these records reviewed. The most recent progress note, dated 7/15/2014, indicates that there are ongoing complaints of right knee pain. The physical examination demonstrated right knee: swelling, range of motion 0-90. Positive crepitus. No recent diagnostic studies are available for review. Previous treatment includes aquatic therapy, and conservative treatment. A request had been made for pool membership for self-directed aquatic therapy times 3 months and was not certified in the pre-authorization process on 7/31/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Three month membership to [REDACTED] Pool for self-directed Aquatic therapy: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG -TWC: ODG Integrated Treatment/Disability Duration Guidelines: Low Back - Lumbar & Thoracic (Acute & Chronic)- (updated 07/03/14).

Decision rationale: The ODG specifically recommends against the use of gym memberships to include pool memberships. The clinician indicates that the membership has the potential benefit to help with the claimant's exercise regimen. However, there is no clear indication that a membership constitutes monitored and supervised treatment by a healthcare professional. As such, in accordance with the ODG guidelines the request is not considered medically necessary.