

<b>Case Number:</b>	CM14-0169721		
<b>Date Assigned:</b>	10/17/2014	<b>Date of Injury:</b>	11/12/2008
<b>Decision Date:</b>	11/28/2014	<b>UR Denial Date:</b>	10/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/14/2014

### 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 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 underlying date of injury in this case is 11/12/2008. The date of Utilization Review under appeal is 10/10/2014. The patient's diagnosis include low back pain, degenerative disc disease, lumbar radiculopathy, sciatica, bilateral knee medial and lateral meniscal tears, and bilateral knee chondromalacia. On 9/29/2014, the patient was seen in primary treating physician followup regarding knee pain. Right knee arthroscopy was planned for the following month but the patient was not able to do so due to other medical conditions. The treating physician refilled a prescription for a 6-month senior membership at a local [REDACTED] for water aquatics and pool therapy. This was noted to be an individualized program with a senior citizen discount, which was intended to allow the patient to maintain a good functional status.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Senior gym membership for water aerobics/pool therapy (months) QTY: 6.00: 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) online: Gym memberships

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

**Decision rationale:** California Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines section on aquatic therapy states that aquatic therapy is an optional form of exercise therapy, where available as an alternative to land-based physical therapy. The medical records do not provide a rationale at this time as to why this patient requires aquatic rather than land-based therapy. This request is not supported by the treatment guidelines. Overall, this request is not medically necessary.