

Case Number:	CM14-0023587		
Date Assigned:	06/11/2014	Date of Injury:	03/10/1995
Decision Date:	08/07/2014	UR Denial Date:	01/30/2014
Priority:	Standard	Application Received:	02/25/2014

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 Anesthesiology, Pain Medicine and is licensed to practice in Florida. 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 58-year-old male who reported an injury after a cart struck him in his right knee on 03/10/1995. The injured worker reported significant pain to the right knee. The injured worker underwent physical therapy; however, the injured worker reported it worsened the pain. The injured worker underwent arthroscopic surgery of the right knee, which provided moderate pain relief. However, the injured worker reported significant pain in the right knee with weightbearing. The injured worker underwent a total knee replacement dated 09/10/1997. The injured worker had severe postoperative pain, and was hospitalized for 3 weeks with the diagnosis of reflex sympathetic dystrophy. The injured worker had a trial of a spinal cord stimulator which was positive; however, he received an infection and required implantation and revision of the spinal cord stimulator. The injured worker underwent epidural steroid injections with benefit, but continued to have significant right knee pain. The injured worker complained of pain in both lower and upper extremities. He continued to work full time. The injured worker was at approximately 250 pounds and had lost 30 to 40 pounds. The injured worker reported his pain 9/10 with medication. The injured worker reported prolonged sitting, standing, and walking aggravated his pain, and the injured worker walked with an antalgic gait. The injured worker has tried home exercise programs; however, it was reported that with standing and walking, he was unable to perform land exercises. The injured worker's prior treatments included diagnostic imaging, surgery, epidurals, physical therapy, and medication management. The provider submitted a request for a 6 month pool membership. A request for authorization dated 02/20/2014 was submitted; however, rationale was not provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

SIX (6) MONTH POOL MEMBERSHIP: Upheld

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

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

Decision rationale: The request for six (6) month pool membership is not medically necessary. The Official Disability Guidelines state 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. Plus, treatment needs to be monitored and administered by medical professionals. While an individual exercise program is of course recommended, more elaborate personal care where outcomes are not monitored by a health professional, such as gym memberships or advanced home exercise equipment, may not be covered under this guideline, although temporary transitional exercise programs may be appropriate for patients who need more supervision. The guidelines also state gym memberships, health clubs, swimming pools, athletic clubs, etc., would not generally be considered medical treatment, and are therefore not covered under these guidelines. The request for the 6 month pool membership would not be considered medically necessary. The guidelines indicate swimming pools would not generally be considered medical treatment. In addition, the guidelines indicate these treatments need to be monitored and administered by medical professionals. Therefore, the request for 6 month pool membership is not medically necessary.