

<b>Case Number:</b>	CM14-0025130		
<b>Date Assigned:</b>	06/11/2014	<b>Date of Injury:</b>	10/29/2012
<b>Decision Date:</b>	07/15/2014	<b>UR Denial Date:</b>	02/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/27/2014

### 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 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 injured worker is a 64-year-old female who was reportedly injured on October 29, 2012. The mechanism of injury is not listed in the records reviewed. The most recent progress note, dated January 30, 2014, states that there were continued complaints of knee pain. Physical examination demonstrated lumbar spine paravertebral muscle tenderness and tenderness to the medial and lateral joint lines of the right knee. Right leg quadriceps atrophy was noted. There was a diagnoses of lumbago, lumbar strain/sprain, lumbosacral neuritis and knee sprain/strain. A request had been made for a medical weight loss program and a gym membership for aquatic training and was not certified in the pre-authorization process on February 13, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ONE MEDICAL WEIGHT LOSS PROGRAM:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: <http://emedicine.medscape.com/article/330487-overview>, osteoarthritis.

**Decision rationale:** While weight loss is advocated for all overweight individuals with osteoarthritis of the knee, the attached medical record does not state that there has been previous counseling or attempts regarding the injured employee's lifestyle and behavioral modifications including a diet and exercise program. There was no justification presented for a formal medical weight loss program. For this reason, this request for a medical weight loss program is not medically necessary.

**ONE GYM MEMBERSHIP FOR ONGOING AQUATIC TREATMENT:** 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 Official Disability Guidelines (ODG) Knee & Leg (Acute & Chronic), Gym memberships, updated June 5, 2014.

**Decision rationale:** According to the medical record, the injured employee had previously participated in aquatic therapy. There has apparently been no long-term improvement from his previous treatment. Additionally, according to the Official Disability Guidelines, a gym membership for aquatic therapy treatment needs to be monitored and administered by medical professionals. There is no mention of this accommodation in the medical record. For these multiple reasons, this request for a gym membership for aquatic therapy is not medically necessary.