

Case Number:	CM14-0033440		
Date Assigned:	06/20/2014	Date of Injury:	01/21/2005
Decision Date:	08/05/2014	UR Denial Date:	03/13/2014
Priority:	Standard	Application Received:	03/17/2014

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, has a subspecialty in Interventional Spine 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 patient is a 45-year-old female with a date of injury of 01/21/2005. The listed diagnoses per [REDACTED] are bilateral chondromalacia patella, bilateral knee arthritis, status post right rotator cuff repair, right shoulder long head of the biceps tendinitis, left Achilles tendinosis and bilateral knee pain. According to progress report 03/04/2014 by [REDACTED], the patient presents with left Achilles pain, bilateral knee pain, and right shoulder pain. The patient is experiencing increased left Achilles and bilateral knee pain with popping in the right knee. The right shoulder also has been symptomatic and the physician has requested shoulder surgery which has been denied. The patient states aquatic therapy has helped her with her bilateral knee conditions. The swimming pool decreases the forces on her knees and she is able to carry out the exercises far more comfortably. The patient also utilizes the Jacuzzi and sauna which is very comforting for her bilateral knee arthritis. The physician is requesting a 1-year gym membership to the [REDACTED] for self-directed exercises to aid her in relief of her bilateral knees and aid in weight reduction. The utilization review denied the request on 03/13/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Year of self directed aquatic therapy at [REDACTED]: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic).

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

Decision rationale: This patient presents with left Achilles, bilateral knee, and right shoulder pain. The patient has reported that aqua therapy has helped her with her bilateral knee conditions. The physician recommends the patient continue self-directed aqua therapy at the [REDACTED] to aid her in relief of her bilateral knee pain and weight reduction. The request is for a 1-year gym membership to the [REDACTED]. Regarding gym membership, the ODG Guidelines only allow in cases where a documented home exercise program with periodic assessment and revision has not been effective and there is a need for equipment. In addition, treatment needs to be monitored and administered by medical professionals. The physician has asked for a 12 month gym membership as aqua therapy has helped with her bilateral knee arthritis. In this case, the ODG does not support one type of exercise over another. There is no need for special equipment and there is no evidence that the patient must exercise in a pool. It is also not known how the patient will be monitored by a medical professional. Therefore the request is not medically necessary.