

Case Number:	CM14-0034845		
Date Assigned:	06/23/2014	Date of Injury:	11/20/2009
Decision Date:	08/14/2014	UR Denial Date:	03/10/2014
Priority:	Standard	Application Received:	03/20/2014

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 Pain Medicine, has a subspecialty in Pain Medicine 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:

This is a 27-year-old female patient who sustained an industrial injury on 11/20/2009 when she was squatting to clean a conveyor belt and noted swelling in her right knee. Eventually she was unable to move the right knee. Diagnoses include right greater trochanteric bursitis secondary to abnormal gait resulting from right hip pathology, right knee internal derangement, and right pes anserine bursitis. Previous treatment included medications, a knee brace, ice, cortisone injections, modified duties, and 24 visits of physical therapy. There is reference to an MRI of the right knee having been obtained in 2010, although this was not provided for review and results were not discussed. A request for gym membership for pool use was non-certified on 03/10/2014, with the reviewing physician noting there was no documentation to support that a home exercise program has not been effective and/or that there is a need for equipment. It was noted that home exercise care included exercises with or without mechanical assistance or resistance and functional activities with assistive devices. Primary Treating Physicians Progress Report and Request for Authorization (PR-2) dated 02/10/14 noted the patient continued to take medication for her pain which was helping. She went to one session of aqua therapy and stated that I quit therapy treatment in the past helped her muscles relax and alleviate symptoms significantly. Physical examination revealed right hip greater trochanter was tender to palpation with limited range of motion. Right knee superior pole of the patella was tender to palpation as well as over the inferior medial aspect of the knee and over the pes anserine bursa. Plan was to continue medications as before including Ketoprofen 75 mg #60 one capsule twice daily, continue using the H-wave unit at home, and request authorization for a membership to a gym for pool use so that she is able to do her own aqua therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gym Membership for pool use: 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), Gym Membership.

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

Decision rationale: The CA MTUS states that there is no sufficient evidence to support the recommendation of any particular exercise regimen over any other exercise regimen. ODG guidelines states that 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. The documentation provided does not provide a rationale as to why a gym/pool membership is needed to proceed with a home exercise program. It is noted the patient previously participated in 24 sessions of physical therapy, which would suggest there was no contraindication to performance of a land-based program. It was also noted the patient previously underwent a course of aquatic therapy, yet there was no measurable analgesic benefit or functional benefit as a result, and objective physical examination findings remained the same, noting only complaints of tenderness to palpation. There are no significant objective musculoskeletal deficits identified on physical examination throughout the progress notes included for review that would support the need for non-weight bearing status to support the need for a pool to perform a home exercise program. Furthermore, guidelines do not support unsupervised programs, as there is no ability to change the prescription to the patient's needs and risk of further injury. Therefore, the request for gym membership for pool use is not medically necessary and is non-certified.