

Case Number:	CM14-0042203		
Date Assigned:	09/05/2014	Date of Injury:	10/07/2008
Decision Date:	10/03/2014	UR Denial Date:	04/04/2014
Priority:	Standard	Application Received:	04/09/2014

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 & Rehabilitation and is licensed to practice in Illinois. 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 59 year-old male who reported a work related injury on 10/07/2014. The mechanism of injury was not provided. The diagnoses included bilateral knee osteoarthritis. An x-ray revealed progressive osteoarthritis of the knees. The past treatment and surgical history were not included within the documentation provided for review. On 02/19/2014, the injured worker reported some moderate symptoms in the knee but that overall, he was managing relatively well. On physical examination, the injured worker had full range of motion of the knee and some distinct medial crepitus. The prescribed medications were not provided for review. The treatment plan was for a gym membership with pool therapy for a year. The rationale for the request was for osteoarthritis bilaterally to the knee. The request for authorization form was submitted for review on 03/28/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gym membership with pool therapy x 1 year: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines/Low Back Chapter, Gym memberships

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy, Page(s): 22.. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee, Gym memberships.

Decision rationale: The request for a gym membership with pool therapy x 1 year is not medically necessary. The CA MTUS Guidelines recommend aquatic therapy as an optional form of exercise therapy as an alternative to land based physical therapy. Aquatic therapy to include swimming can minimize the effects of gravity, it is specifically recommended where reduced weight bearing is desirable. The Official Disability Guidelines do not recommend gym memberships as a medical prescription unless there is documentation of a home exercise program with periodic assessment and revision which has not been effective and there is a need for special equipment. The documentation provided for review does not indicate a failed trial of home exercise has been completed or the need for specific gym equipment. Additionally, a plan of care with the frequency and duration of exercise was not established to measure obtainable goals. With the lack of documentation provided for review, the medical necessity of a gym membership with pool therapy x 1 year cannot be determined. Therefore, the request for gym membership with pool therapy x 1 year is not medically necessary.