

Case Number:	CM14-0201645		
Date Assigned:	12/11/2014	Date of Injury:	01/18/2000
Decision Date:	02/26/2015	UR Denial Date:	11/04/2014
Priority:	Standard	Application Received:	12/01/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: Arizona, California
Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

59 year old male claimant sustained a work injury on 1/19/99 involving the left knee. He was diagnosed with a left knee medial meniscal injury and underwent a partial menisectomy and chondroplasty. The claimant had been doing home exercises. A progress note on 10/27/14 indicated the claimant had received Synvisc injection for the left knee but had persistent pain. Exam findings were notable for a Valgus deformity of the left knee, bilateral flexion contractures and medial and lateral left knee pain with an antalgic gait. The physician noted the claimant was obese and required one year of gym membership for use of a pool with 3 sessions of supervision.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pool and gym membership, three sessions of supervision, twelve months total: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aqua therapy Page(s): 22.

Decision rationale: According to the MTUS guidelines, aqua therapy optional form of exercise therapy, where available, as an alternative to land-based physical therapy. Aquatic therapy (including swimming) can minimize the effects of gravity, so it is specifically recommended where reduced weight bearing is desirable, for example extreme obesity. Supervised visits are limited to physical medicine guidelines to about 8-10 visits. Although, the claimant may require aqua therapy, the request for 1 yr. of membership for which most of the pool therapy is unsupervised is not medically necessary. Response is to be noted prior to continuing it for a year. In addition, there is no indication that the claimant cannot transition to a home based program as he had been previously. The request above is not medically necessary.