

Case Number:	CM14-0201928		
Date Assigned:	12/12/2014	Date of Injury:	05/10/2007
Decision Date:	01/28/2015	UR Denial Date:	10/28/2014
Priority:	Standard	Application Received:	12/02/2014

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 Rehab, 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 44-year old female who suffered a work related injury on 05/10/2007 from a fall. Diagnoses included right knee Baker's cyst, status post right knee surgery on 3/29/2010, right knee sprain/strain injury and right knee internal derangement. The physician progress note dated 10/09/2014 documents the injured worker continues to complain of ongoing right knee pain. Pain is aggravated with prolonged sitting, getting up from a sitting position to a standing position. Examination reveals a normal gait pattern, no assistive devices used for balance and ambulation. Her right knee has positive tenderness to palpation, and painful range of motion. Treatment has included oral and topical medications, physical therapy, chiropractic care, TENS unit, acupuncture and epidural steroid injections. Treatment requested is for a 1 year participation in a gym membership with aquatic therapy program. Utilization Review dated 10/28/2014 non-certified the request for a 1 year participation in a gym membership with aquatic therapy program, citing Official Disability Guidelines, and California Medical Treatment Utilization Schedule Guidelines. Official Disability Guidelines do not recommend gym memberships as a medical prescription unless a home exercise program has not been effective and there is a need for equipment. Plus, treatment needs to be monitored and administered by medical professional. California Medical Treatment Utilization Schedule Guidelines recommend aquatic therapy as an optional form of exercise therapy as an alternative to land based physical therapy. Aquatic therapy can minimize the effects of gravity, so it is specifically recommended where reduced weight-bearing is desirable, for example extreme obesity. Clinical documentation provided lacks documentation related to a home exercise program not being effective and the need for specific equipment. There is lack of documentation related to previous conservative care, and the need to minimize the effects of gravity.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 YEAR PARTICIPATION IN A GYM MEMBERSHIP WITH AQUATIC THERAPY PROGRAM: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Treatment Index, 11th Edition Knee and Leg, Gym Memberships

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Exercise Page(s): 46-47.

Decision rationale: Although the MTUS Guidelines stress the importance of a home exercise program and recommend daily exercises, there is no evidence to support the medical necessity for access to the equipment available with a gym/pool membership versus resistive there-bands to perform isometrics and eccentric exercises. It is recommended that the patient continue with the independent home exercise program as prescribed in physical therapy. The accumulated wisdom of the peer-reviewed, evidence-based literature is that musculoskeletal complaints are best managed with the eventual transfer to an independent home exercise program. Most pieces of gym equipment are open chain, i.e., the feet are not on the ground when the exercises are being performed. As such, training is not functional and important concomitant components, such as balance, recruitment of postural muscles, and coordination of muscular action, are missed. Again, this is adequately addressed with a home exercise program. Core stabilization training is best addressed with floor or standing exercises that make functional demands on the body, using body weight. These cannot be reproduced with machine exercise units. There is no peer-reviewed, literature-based evidence that a gym membership or personal trainer is indicated nor is it superior to what can be conducted with a home exercise program. There is, in fact, considerable evidence-based literature that the less dependent an individual is on external services, supplies, appliances, or equipment, the more likely they are to develop an internal locus of control and self-efficacy mechanisms resulting in more appropriate knowledge, attitudes, beliefs, and behaviors. Pool Therapy does not seem appropriate as the patient has received land-based Physical therapy. There is no records indicating intolerance of treatment, incapable of making same gains with land-based program nor is there any medical diagnosis or indication to require Aqua therapy at this time. The patient is not s/p recent lumbar or knee surgery (on 3/29/10) nor is there diagnosis of morbid obesity requiring gentle aquatic rehabilitation with passive modalities. The patient has completed formal sessions of PT and there is nothing submitted to indicate functional improvement from treatment already rendered. There is no report of new acute injuries that would require a change in the functional restoration program. There is no report of acute flare-up and the patient has been instructed on a home exercise program for this injury. The 1 Year Participation in a Gym Membership with Aquatic Therapy Program is not medically necessary and appropriate.