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| Case Number: | CM14-0206893 | | |
| Date Assigned: | 12/18/2014 | Date of Injury: | 08/23/2010 |
| Decision Date: | 02/17/2015 | UR Denial Date: | 11/14/2014 |
| Priority: | Standard | Application Received: | 12/10/2014 |

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 Occupational 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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic knee pain, knee arthrofibrosis, knee arthritis, chronic pain syndrome, and chronic wrist pain reportedly associated with an industrial injury of August 23, 2010. In a Utilization Review Report dated November 14, 2014, the claims administrator failed to approve a request for gym membership with associated pool component. The applicant's attorney subsequently appealed. In a September 11, 2014 progress note, the applicant reported persistent complaints of knee pain. The applicant was apparently pursuing a new knee brace on the grounds that her current knee brace was falling apart. The applicant exhibited diagnosis of knee ankylosis and reflux sympathetic dystrophy about the leg. The applicant was placed off of work, on total temporary disability. Limited knee range of motion to 40 degrees was noted. The applicant did exhibit an abnormal gait. In a September 2, 2014 medical-legal evaluation, the applicant presented with multifocal complaints of knee pain, shoulder pain, wrist pain, hand pain, and low back pain. The applicant was not working and had not worked since the date of the injury, August 23, 2010. The applicant's medications included Restoril, Naprosyn, Cymbalta, Norflex, Neurontin, Voltaren gel, metformin, and Tylenol with Codeine. The applicant was using 6 to 8 Tylenol with Codeine with per day, it was acknowledged. The applicant was using a cane to move about, it was suggested at least part of the time. Permanent work restrictions were endorsed. In an October 27, 2014 progress note, the applicant reported ongoing complaints knee and low back pain. The attending provider stated that the applicant should not have access to a heated pool and gym membership. The applicant was using Restoril for sleep disturbance. The applicant was using a cane in her right hand and wearing a left knee brace. Ankle edema was noted. Various medications were continued, including Tylenol with Codeine, Neurontin, Cymbalta,

Voltaren gel, and Norflex. The request for gym membership with heated pool to allow for pool exercise was reiterated. The duration of the gym membership was not stated.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gym Membership with a heated pool for independent and an independent program:

Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Exercise, Aquatic Therapy, Functional Restoration Approach to Chronic Pain Management Page(s): 4.

Decision rationale: The proposed gym membership with heated pool for an independent exercise program is not medically necessary, medically appropriate, or indicated here. As noted on pages 46 and 47 of the MTUS Chronic Pain Medical Treatment Guidelines, there was no recommendation in favor of any one particular form of exercise over another. While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does recommend aquatic therapy as an optional form of exercise therapy in applicants in whom reduced weightbearing is desirable as appears to be the case here in the form of the applicant's lower extremity and low back pain complaints generating gait derangement requiring usage of the cane, this recommendation is, however, qualified by commentary made on page 8 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that demonstration of functional improvement is necessary at various milestones in the treatment program in order to justify continued treatment. Here, the request for a gym membership with associated heated pool is open-ended. The duration of treatment via the gym membership was not furnished. It was not clearly stated when the gym membership would begin and/or when the gym membership would end. The attending provider seemingly sought authorization for a gym membership indefinitely, for the duration of the claim, with no proviso to reevaluate the applicant in the midst of the stated gym membership so as to ensure program progression and functional improvement with the same. While a time-limited gym membership for pool therapy could have been supported here on the grounds that the applicant did have significant lower extremity impairment, the request for an open-ended gym membership with no proviso to reevaluate the applicant to ensure a favorable response to the same, cannot, however, be supported as written. Therefore, the request is not medically necessary.