

<b>Case Number:</b>	CM15-0136553		
<b>Date Assigned:</b>	07/24/2015	<b>Date of Injury:</b>	01/15/2013
<b>Decision Date:</b>	08/27/2015	<b>UR Denial Date:</b>	06/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/14/2015

### 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: 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:

The injured worker is a 54 year-old morbidly female who sustained an industrial injury on 01/15/13. She reported right knee pain. Diagnostic testing and treatment to date has included radiographic imaging, left knee arthroscopy, TENS, physical therapy, thermotherapy, and pain medication management. Currently, the injured worker complains of right knee pain with limitation of activities of daily living. Physical examination is remarkable for the injured worker walking with a slow and shuffling gait using a walker. She has significant degree of oversized lower extremities including the thighs, legs, and ankles. Range of motion is decreased. There are areas of pinkish/purplish discoloration over the area of the shins of both lower extremities. Requested treatments include gym membership (pool/aqua) for 1 year. The injured worker's status is temporary total disability. Date of Utilization Review: 06/16/15.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**GYM membership (pool/aqua) for 1 year:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines aquatic therapy/exercise. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back (updated 05/15/15), GYM membership.

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

**Decision rationale:** Per the MTUS guidelines, Aquatic therapy is recommended as an 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. In this case, while the request for aquatic therapy is supported for this injured worker as she is morbidly obese and is unable to perform land based exercises, the request for one year gym membership is not supported. It would be reasonable to allow for a trial of gym membership with aquatic facility to determine objective functional gains from this form of exercise prior to authorizing a year membership. Modification cannot be rendered in this review and therefore, the request for GYM membership (pool/aqua) for 1 year is not medically necessary and appropriate.