MAXIMUS Federal Services

Case Number:	CM15-0138127		
Date Assigned:	07/28/2015	Date of Injury:	04/03/1990
Decision Date:	08/25/2015	UR Denial Date:	06/16/2015
Priority:	Standard	Application Received:	07/17/2015

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: Connecticut, California, Virginia
Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 73 year old male, who sustained an industrial injury on April 3, 1990. Treatment to date has included status post right knee debridement and arthroscopy, physical therapy, and left total knee arthroscopy. Currently, the injured worker complains of bilateral knee pain. He reports hip and back pain due to limping on the right knee. On physical examination the injured worker has some popliteal swelling of the right knee with no evidence of significant knee effusion. He has tenderness to palpation of the medial joint line and mild pain at the patellofemoral compression area. His range of motion is one degree short of full extension and he has no coronal plane deformity. The diagnoses associated with the request include bilateral knee osteoarthritis. The treatment plan includes pool membership for twelve months.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pool Membership for 12 months: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) knee, gym membership.

Decision rationale: The MTUS does not discuss gym or pool memberships, and therefore the ODG provides the preferred mechanism for assessment of medical necessity regarding the topic. The ODG states that gym memberships are not recommended as a medical prescription unless a documented home exercise program with periodic assessment and revision has not been effective and there is a need for equipment; the provided records are minimal and do not clarify these concerns; additionally, there is no evidence included of supervised aquatic therapy, etc. Unfortunately, the records do not provide sufficient evidence to support the request. Additionally, treatment needs to be monitored and administered by medical professionals, which does not encompass personal trainers, etc. While an individual exercise program is of course recommended, the current request given the provided records, cannot be considered medically necessary and appropriate.