

<b>Case Number:</b>	CM15-0148427		
<b>Date Assigned:</b>	08/11/2015	<b>Date of Injury:</b>	03/19/2003
<b>Decision Date:</b>	09/08/2015	<b>UR Denial Date:</b>	07/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/30/2015

### 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: 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:

The injured worker is a 73 year old male who sustained an industrial injury on 3-19-03. The initial complaints and nature of his injury are unavailable for review. The injured worker is status-post left knee arthroscopy and partial medial and lateral meniscectomy in May 2013. He also has a diagnosis of lumbar spine, left sacroiliac joint sprain and left heel plantar fasciitis, heel spur secondary to chronic pain, altered gait. The PR-2 dated 6-5-15 indicates that the injured worker complained of intermittent "flare-ups", involving the knees that increased with activities of daily living. He reported that he was "able to manage" with bracing, home exercise and medications. He was being treated with BioniCare and was requesting a refill of supplies to maintain that unit. He reported that the unit improves his activities of daily living and with his home exercise program, as well as decreases his medication use. The provider examination "reveals post-operative changes on the left" indicating that there is tenderness over the medial and lateral joint line with the medial greater than the lateral and left side greater than right. There was "diffuse swelling". The treatment plan recommends continue home exercise program and bracing, request for authorization of x-ray of bilateral knees, request for authorization to refill BioniCare supplies, and a request for authorization for gym membership with pool access x 6 months to decrease stress on the bilateral knees with performance of a self-guided exercise program.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Gym membership with pool access, six months:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46-47. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Gym Memberships (Web Version).

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

**Decision rationale:** 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. The length of treatment recommended is up to 8 sessions. In this case, there is not an indication of inability to perform land-based exercises. The claimant is performing exercise and therapy at home. The amount requested ( 6 months of pool use) exceeds the amount suggested by the guidelines. The request above is not medically necessary.