

<b>Case Number:</b>	CM15-0165324		
<b>Date Assigned:</b>	09/02/2015	<b>Date of Injury:</b>	07/14/2006
<b>Decision Date:</b>	10/06/2015	<b>UR Denial Date:</b>	08/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/24/2015

### 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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 64 year old male, who sustained an industrial injury on 07-14-2006. On provider visit dated 05-25-2015 the injured worker has reported bilateral knee and left hip pain. On examination, the lumbar spine was noted to have restricted range of motion, multiple myofascial trigger points and taut bands were noted throughout the thoracic and lumbar paraspinal musculature and well as the gluteal muscles. Bilateral knees were noted as slightly restriction in all directions. Left hip was noted as range of motion decreased in all directions as well. The diagnoses have included myoligamentous injury - left hip, status post arthroscopic surgery right knee, bilateral knee injuries with internal derangement and chronic myofascial pain syndrome - thoracolumbar spine. Treatment to date has included medication, acupuncture and urine drug screen. The provider requested acupuncture 2 x 4 week for left hip and bilateral knees and gym membership with pool x 3 months.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture 2 x 4 weeks for left hip and bilateral knees:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**Decision rationale:** Acupuncture 2 x 4 weeks for left hip and bilateral knees is not medically necessary per the MTUS Acupuncture Medical Treatment Guidelines. The MTUS Acupuncture Medical Treatment Guidelines recommend that the time to produce functional improvements is 3-6 treatments and acupuncture treatments may be extended if functional improvement is documented. The request as written would exceed the recommended number of visits of acupuncture. Additionally, the documentation indicates that that the patient has had prior acupuncture, however there is not clear evidence of functional improvement from this acupuncture therefore additional acupuncture is not indicated or medically necessary.

**Gym membership with pool x 3 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 (ODG), Low back - 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) Low Back- Gym Memberships.

**Decision rationale:** Gym membership with pool x 3 months is not medically necessary per the ODG Guidelines. The MTUS does not specifically address gym memberships. The ODG does not recommend gym membership 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. Plus, treatment needs to be monitored and administered by medical professionals. With unsupervised programs, there is no information flow back to the provider, so he or she can make changes in the prescription, and there may be risk of further injury to the patient. Gym memberships, health clubs, swimming pools, athletic clubs, etc., would not generally be considered medical treatment, and are therefore not covered under these guidelines. The documentation submitted does not reveal that periodic assessment and revision of a documented home exercise program has not been effective. The request for gym membership is not medically necessary.