

Case Number:	CM15-0199302		
Date Assigned:	10/14/2015	Date of Injury:	03/31/2010
Decision Date:	11/20/2015	UR Denial Date:	09/25/2015
Priority:	Standard	Application Received:	10/09/2015

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: Physical Medicine & Rehabilitation

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 60 year old () male, who sustained an industrial injury on 3-31-2010. The injured worker is being treated for pain in joint lower leg. Treatment to date has included surgical intervention (knee surgery, 2006), diagnostics, medications and therapy. Right knee magnetic resonance imaging (MRI) dated 3-17-2011 was read by the evaluating provider as unstable complex tearing in the medial meniscus with through and through radial defect and meniscal subluxation. Per the most recent submitted Primary Treating Physician's Progress Report dated 6-11-2015, the injured worker presented for follow-up. He reported right shoulder dysfunctional and pain in the left shoulder and left ankle. On 4-09-2015 he reported bilateral shoulder pain, severe low back pain and knee pain. There were no objective findings regarding the right knee. Work status as of 4-09-2015 remained as temporarily totally disabled and the plan of care-included medications. On 9-25-2015, Utilization Review non-certified a request for 12 month gym membership and aquatic therapy for the right knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Months gym membership per 9/3/15 order 1.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Gym membership.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Exercise.

Decision rationale: It can be expected that the patient had been instructed in an independent home exercise program to supplement the formal physical therapy the patient had received and to continue with strengthening post discharge from PT. Although the MTUS Guidelines stress the importance of a home exercise program and recommend daily exercises, there is no evidence to support the medical necessity for access to the equipment available with a gym/pool membership versus resistive thera-bands to perform isometrics and eccentric exercises. It is recommended that the patient continue with the independent home exercise program as prescribed in physical therapy. The accumulated wisdom of the peer-reviewed, evidence-based literature is that musculoskeletal complaints are best managed with the eventual transfer to an independent home exercise program. Most pieces of gym equipment are open chain, i.e., the feet are not on the ground when the exercises are being performed. As such, training is not functional and important concomitant components, such as balance, recruitment of postural muscles, and coordination of muscular action, are missed. Again, this is adequately addressed with a home exercise program. Core stabilization training is best addressed with floor or standing exercises that make functional demands on the body, using body weight. These cannot be reproduced with machine exercise units. There is no peer-reviewed, literature-based evidence that a gym membership or personal trainer is indicated nor is it superior to what can be conducted with a home exercise program. There is, in fact, considerable evidence-based literature that the less dependent an individual is on external services, supplies, appliances, or equipment, the more likely they are to develop an internal locus of control and self-efficacy mechanisms resulting in more appropriate knowledge, attitudes, beliefs, and behaviors. Submitted reports have not demonstrated indication or necessity beyond guidelines criteria. The 12 Months gym membership per 9/3/15 order 1.00 is not medically necessary and appropriate.

Aquatic Therapy, right knee per 9/3/15 order 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Aquatic therapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Aquatic therapy.

Decision rationale: Aquatic Therapy does not seem appropriate as the patient has received land-based Physical therapy. There is no records indicating intolerance of treatment, incapable of making same gains with land-based program nor is there any medical diagnosis or indication to require Aqua therapy at this time. The patient is not status-post recent lumbar or knee surgery nor is there diagnosis of morbid obesity requiring gentle aquatic rehabilitation with passive modalities and should have the knowledge to continue with functional improvement with a Home exercise program. The patient has completed formal sessions of PT and there is nothing submitted to indicate functional improvement from treatment already rendered. There is no

report of new acute injuries that would require a change in the functional restoration program. There is no report of acute flare-up and the patient has been instructed on a home exercise program for this injury. Per Guidelines, physical therapy is considered medically necessary when the services require the judgment, knowledge, and skills of a qualified physical therapist due to the complexity and sophistication of the therapy and the physical condition of the patient. However, there is no clear measurable evidence of progress with the PT treatment already rendered including milestones of increased ROM, strength, and functional capacity. Review of submitted physician reports show no evidence of functional benefit, unchanged chronic symptom complaints, clinical findings, and functional status. There is no evidence documenting functional baseline with clear goals to be reached and the patient striving to reach those goals. The Chronic Pain Guidelines allow for visits of physical therapy with fading of treatment to an independent self-directed home program. Submitted reports have not adequately demonstrated the indication to support for the pool therapy. The Aquatic Therapy, right knee per 9/3/15 order 1.00 is not medically necessary and appropriate.