

Case Number:	CM15-0207144		
Date Assigned:	10/26/2015	Date of Injury:	06/25/2004
Decision Date:	12/04/2015	UR Denial Date:	10/14/2015
Priority:	Standard	Application Received:	10/21/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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 47 year old male, who sustained an industrial injury on 6-25-04. The injured worker was being treated for right leg sprain-strain and ankle sprain-strain. On 7-24-15, the injured worker complains of persistent right knee pain, right leg pain and walking, standing and sitting are very painful. He is currently working. Objective findings noted on 7-24-15 noted tenderness to palpation of right knee without effusion, calf tenderness, right ankle tenderness and hypoesthesia of dorsal foot and heel. Treatment to date has included oral medications including Duloxetine 60mg, Relafen 750mg and Tylenol 500mg along with Pennsaid 2%; and activity modifications. The request for gym membership and hydrotherapy was not included with documentation. On 10-14-15 request for gym membership and hydrotherapy was modified to evaluation-management visit by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrotherapy for the right lower leg/ankle: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Aquatic therapy. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Aquatic therapy.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, hydrotherapy to the right lower leg/ankle is not medically necessary. Aquatic therapy is recommended as an optional form of exercise therapy, 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. Unsupervised pool use is not aquatic therapy. In this case, the injured worker's working diagnoses are right knee pain; right foot sprain strain; right ankle sprain strain; and right knee sprain strain. Date of injury is June 25, 2004. Request for authorization is September 28, 2015. According to a June 17, 2013 progress note, there is a request for hydrotherapy and a gym membership. According to a cursory progress note dated July 24, 2015, the injured worker has ongoing right knee pain with tenderness to palpation. According to a September 16, 2015 progress note, documentation is handwritten and largely illegible. Subjectively, the documentation states pain persists in the right knee, toes go numb and burning pain. Objectively, there is tenderness to palpation of the bilateral ankle and right knee. The right is tender. There is no clinical discussion, indication or rationale for hydrotherapy to the right lower leg/ankle or for a gym membership for the right lower leg and ankle. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines and no clinical discussion, indication or rationale for hydrotherapy, hydrotherapy to the right lower leg/ankle is not medically necessary.

Gym membership for the right lower leg/ankle: 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), Knee & Leg - Gym memberships Official Disability Guidelines (ODG), Ankle & Foot - 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) Pain section, Gym membership.

Decision rationale: Pursuant to the Official Disability Guidelines, gym membership for the right lower leg and ankle is not medically necessary. Gym memberships are not recommended as a medical prescription unless a documented home exercise program 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 area 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. In this case, the injured workers working diagnoses are right knee pain; right foot sprain strain; right ankle sprain strain; and right knee sprain strain. Date of injury is June 25, 2004. Request for authorization is September 28, 2015. According to a June

17, 2013 progress note, there is a request for hydrotherapy and a gym membership. According to a cursory progress note dated July 24, 2015, the injured worker has ongoing right knee pain with tenderness to palpation. According to a September 16, 2015 progress note, documentation is handwritten and largely illegible. Subjectively, the documentation states pain persists in the right knee, toes go numb and burning pain. Objectively, there is tenderness to palpation of the bilateral ankle and right knee. The right knee is tender. There is no clinical discussion, indication or rationale for hydrotherapy to the right lower leg/ankle or for a gym membership for the right lower leg and ankle. Gym memberships, health clubs, swimming pools, athletic clubs, etc., would not generally be considered medical treatment and are therefore not covered under these guidelines. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines, guideline non-recommendations for gym membership and no clinical discussion, indication or rationale for gym membership, gym membership for the right lower leg and ankle is not medically necessary.