

Case Number:	CM15-0037808		
Date Assigned:	03/06/2015	Date of Injury:	11/15/2006
Decision Date:	04/17/2015	UR Denial Date:	02/12/2015
Priority:	Standard	Application Received:	02/27/2015

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:

This 44-year-old female sustained an industrial injury on 11/15/06. She subsequently reports ongoing left knee pain. Diagnoses include left knee arthritis and meniscal tear. Treatments to date have included physical therapy and prescription pain medications. On 2/12/15, Utilization Review non-certified a request for a Gym membership for Aqua Therapy (left knee) - 6 months.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gym membership for Aqua Therapy (left knee) - 6 months: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy Page(s): 22. 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 Knee & Leg Chapter, Gym memberships.

Decision rationale: Per the 02/04/15 report the patient presents with re-injury to the left knee following a fall on 12/28/14 with reduced range of motion. Her diagnoses include: Left knee

arthritis and Left knee meniscal tear. The current request is for GYM MEMBERSHIP FOR AQUA THERAPY "LEFT KNEE" 6 MONTHS. The RFA is not included; however, the 02/12/15 utilization review states it is dated 02/05/15. The report states the patient is disabled. ODG guidelines, Knee & Leg Chapter, Gym memberships topic, state they 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." ODG further states treatment must be monitored by medical professionals. The 08/20/14 report states the patient's water therapy was beneficial and this current request is listed in both of the most recent reports provided dated 11/12/14 and 02/04/15. The treating physician provides no discussion about why aquatic therapy is crucial for this patient. There is no documentation of lack of effectiveness of a home exercise program as required by guidelines, nor does the treater state how the patient is to be monitored. The request IS NOT medically necessary.