

<b>Case Number:</b>	CM15-0047268		
<b>Date Assigned:</b>	03/19/2015	<b>Date of Injury:</b>	01/12/2011
<b>Decision Date:</b>	04/24/2015	<b>UR Denial Date:</b>	02/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/12/2015

### 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, North Carolina  
 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 51-year-old male, who sustained an industrial injury on 01/12/2011. Initial complaints reported included a sudden popping sound in the right knee followed by sudden excruciating pain. The injured worker was diagnosed as having a right knee sprain. Treatment to date has included conservative care, medications, x-rays, MRIs, physical and aquatic therapy, and right knee surgery. Currently, the injured worker complains of ongoing right knee pain and that the physical therapist instructed him to ride an incumbent bike every day for continued strengthening of the right knee, which had been requested and subsequently denied. Current diagnoses include right knee pain, chronic pain syndrome, status post medial meniscus tear of the right knee, myofascial pain, and depression. The treatment plan consisted of a 6-month gym membership, continued psychotherapy, and follow-up in 6 weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Six month gym membership to use the pool for aqua therapy for a home exercise program for the right knee:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine Page(s): 98-99.

**Decision rationale:** This is a patient with chronic knee pain secondary to a meniscal tear who is requesting a six-month gym membership to perform aquatic therapy as a form of home exercise. Active physical therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion and can alleviate discomfort. Active therapy requires an internal effort by the individual to complete a specific exercise or task. The request is not for aquatic therapy provided by a physical therapist, but a gym membership in order for the patient to perform home exercises. Performance of a home exercise program does not require a membership at a gym, and is not medically necessary.