

Case Number:	CM15-0051729		
Date Assigned:	03/25/2015	Date of Injury:	01/13/2005
Decision Date:	05/01/2015	UR Denial Date:	02/26/2015
Priority:	Standard	Application Received:	03/18/2015

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: Preventive Medicine, Occupational 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 55 year old female, who sustained an industrial injury on 01/13/2005. She reported an injury to her left knee. The injured worker is currently diagnosed as having left knee osteoarthritis, chronic regional pain syndrome, and obesity. Treatment to date has included physical therapy, knee surgery, injections, exercise, Transcutaneous Electrical Nerve Stimulation Unit, brace, and medications. In a progress note dated 02/17/2015, the injured worker presented with complaints of continued impingement of the left shoulder and increasing right knee pain. The treating physician reported requesting authorization to continue gym membership. It is documented that due to her knees, she has difficulty with land based exercises and the request is essentially for aquatic based exercising. She is not utilizing opioids and has lost significant weight to assist in her knee problems.

IMR ISSUES, DECISIONS AND RATIONALES

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

One year gym membership: Overturned

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 chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Based Therapy Page(s): 22.

Decision rationale: The records make it evident that the request for the gym membership is essentially a request for pool access for exercising and the authorization for the gym can be limited to an agreement for pool accesses only. MTUS Guidelines supports the use of aquatic based therapy and/or activity when there is a diagnosis that is associated with difficulty performing land based activities. This individual has such a qualifying diagnosis and it is clear that she has been utilizing it to great benefit as evidenced by avoidance of opioid use and weight loss for her knees. Under these circumstances, the request for a one year extension of gym membership is consistent with Guidelines and is medically necessary.