MAXIMUS Federal Services

Case Number:	CM15-0059291		
Date Assigned:	04/03/2015	Date of Injury:	06/25/2010
Decision Date:	05/08/2015	UR Denial Date:	03/06/2015
Priority:	Standard	Application Received:	03/30/2015

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 61 year old female who sustained an industrial injury on 06/25/2010. Diagnoses include lumbar strain and sprain, multilevel degenerative disc disease with multiple levels of foraminal narrowing and facet hypertrophy, status post left knee sprain/strain with anterior cruciate ligament reconstruction surgery, status post total left knee replacement, chronic pain syndrome, and gastrointestinal upset associated with medication use. Treatment to date has included diagnostic studies, medications, behavioral therapy sessions, physical therapy, home exercise program, and aquatic therapy. A physician progress note dated 02/19/2015 documents the injured worker has continued pain of the low back radiating down the leg to the knees and left knee pain, as well as abdominal pain. The injured worker is morbidly obese. She has pain and weakness with any kind of prolonged walking to where she is recovering for several days following any substantial walking. By providing her with a [redacted] membership she could go to the pool daily to exercise and not only get some of the weight off but also strengthen her low back and legs. She could perform the exercises she learned previously in aqua therapy. Treatment requested is for [redacted] membership for 6 months.

IMR ISSUES, DECISIONS AND RATIONALES

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

[redacted] **membership for 6 months:** Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy Page(s): 22. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee.

Decision rationale: The request is for a 6 month membership at the [redacted] for aquatic therapy following a total knee arthroplasty. The Chronic Pain Medical Treatment Guidelines recommends aquatic therapy as an alternative to land-based PT where decreased weight-bearing is desirable. There is no rationale provided for the need for decreased weight-bearing provided. The ODG does not recommend gym memberships or memberships to swimming pools, as they are not considered medical treatment and therefore are not covered under the ODG. Therefore, the request for a six month [redacted] membership is deemed not medically necessary.