

Case Number:	CM14-0140219		
Date Assigned:	09/10/2014	Date of Injury:	12/12/2012
Decision Date:	10/16/2014	UR Denial Date:	08/20/2014
Priority:	Standard	Application Received:	08/29/2014

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. The expert reviewer is Board Certified in Family Medicine, and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 41 year old female who was injured on 12/21/12. There is one clinical note submitted for review. The mechanism of injury is not described. The injured worker is diagnosed with chondromalacia of the patella. The clinical note, dated 08/06/14, states the injured worker complains of bilateral knee pain and swelling, which is worse on the right, and achiness in the bilateral lower extremities. Pain is rated at an 8/10 for the right knee and a 6/10 for the left knee. Previous treatments are indicated to have included medications and acupuncture, which reportedly decreased pain. Physical examination on this date reveals effusion of the bilateral knees which is more pronounced on the right. ROM is 120 bilaterally. The injured worker is 67.5" and weighs 198 pounds. A QME dated 11/08/13 is referenced and reported to state that future medical care should include pain medications and injections. It is noted a Functional Capacity Evaluation was performed on 02/04/14 and reportedly concluded that the injured worker should be permitted 5 minute breaks every 30 minutes after continuous sitting or standing. A 50% loss of knee ROM was reportedly noted. The clinical note states the injured worker has been given permanent restrictions as of 05/21/14 and is not permitted to stand or walk longer than 5 minutes. An MRI is referenced and reported to reveal grade II chondromalacia of the left lateral patellar facet and mild prepatellar bursitis with reactive subcutaneous edema of the right knee. The treatment plan includes bracing, medications and a request for a 6 month aquatic gym membership. This request is denied by Utilization Review dated 08/20/14 citing insufficient clinical evidence to suggest a need for aquatic therapy over land-based therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 months of aquatic gym membership: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy and Physical medicine Page(s): 98-99, 22. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg Chapter, Gym memberships

Decision rationale: The request for 6 months of aquatic gym membership is not recommended as medically necessary. MTUS Chronic Pain Medical Treatment Guidelines support the use of aquatic therapy but does not address gym memberships. ODG specifically addresses gym memberships and states such services are "Not recommended as a medical prescription unless a home exercise program has not been effective and there is a need for equipment. Plus, treatment needs to be monitored and administered by medical professionals." Records do not indicate that the injured worker has failed a home exercise program and does not justify the need for equipment to include a pool. The records do not provide a rationale which substantiates the need for aquatic therapy. Moreover, when therapy is supported, guidelines recommend up to 10 sessions for the injured worker's presenting complaints. Records do not indicate the amount of therapy the injured worker has participated in to date. There are no exceptional factors which would support treatment in excess of guideline recommendations. Based on the clinical information provided, medical necessity of 6 months of aquatic gym membership is not established.