

<b>Case Number:</b>	CM14-0212912		
<b>Date Assigned:</b>	12/30/2014	<b>Date of Injury:</b>	09/18/2003
<b>Decision Date:</b>	02/19/2015	<b>UR Denial Date:</b>	11/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/19/2014

### 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. 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: New York, Pennsylvania, Washington  
 Certification(s)/Specialty: Internal Medicine, Geriatric 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 woman with a date of injury of 9/18/03. She was seen by her provider on 11/11/14. Bilateral knee replacement (staged) was recommended and she was said to have a diagnosis of idiopathic cardiomyopathy and pacemaker. Her exam showed no dyspnea and bilateral knee effusions and tenderness. Urine drug screen was positive for hydrocodone consistent with her medications. Her diagnoses were morbid obesity, idiopathic cardiomyopathy status post dual chamber pacemaker placement, fibromyalgia, right knee internal derangement with probable tricompartmental arthritis, status post left ankle fracture with ORIF, degenerative L4-5 spondylolisthesis with degenerative spondylosis and compensatory left knee internal derangement. At issue in this review is the request for a [REDACTED] membership for aquatic therapy as this was the "preferred type of exercise in light of her obesity and end stage knee disease".

### IMR ISSUES, DECISIONS AND RATIONALES

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

**[REDACTED] membership for Aquatic Therapy: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22, 46-47.

**Decision rationale:** Per the guidelines, there is strong evidence that exercise programs, including aerobic conditioning and strengthening, are superior to treatment programs that do not include exercise. There is no sufficient evidence to support the recommendation of any particular exercise regimen over any other exercise regimen. This injured worker has medical comorbidities and morbid obesity. A self-directed home exercise program could be used in place of a gym membership. It is also not clear why a land based home exercise program cannot be used instead of aquatherapy. The records do not support the medical necessity for a gym membership.