

<b>Case Number:</b>	CM15-0112253		
<b>Date Assigned:</b>	06/23/2015	<b>Date of Injury:</b>	08/31/2010
<b>Decision Date:</b>	07/22/2015	<b>UR Denial Date:</b>	05/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/10/2015

### 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: New Jersey, Alabama, California  
 Certification(s)/Specialty: Neurology, Neuromuscular 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 70 year old male who reported an industrial accumulative trauma injury on 8/31/2010. His diagnoses, and/or impressions, are noted to include: pain in right knee. The history notes 4 previous injuries, from 2/2006 - 4/28/2010, involving the left knee; right hand, index and ring fingers; right hand, right knee and right hip; and the right calf and right knee; as well as multiple injury claims in September and December 1999, a head injury in July 2004, and right leg/knee/calf trauma in July 2004. No recent imaging studies are noted. His treatments have included a qualified medical examination/re-evaluations (2008, 2013, 2013 & 2014); acupuncture evaluation (3/23/15) with treatments (3/30/15 - 4/20/15); medication management; and rest from work as he retired in August 2010. The progress notes of 5/2/2015 were without any subjective or objective findings, and with the physician's requests for treatments to include a Gym membership for the swimming pool, and acupuncture for the right knee.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Gym membership for a swimming pool for the right knee:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Low Back - Lumbar & Thoracic (Acute & Chronic), Gym memberships ([http://www.worklossdatainstitute.verioiponly.com/odgtwc/low\\_back.htm#SPEC](http://www.worklossdatainstitute.verioiponly.com/odgtwc/low_back.htm#SPEC)).

**Decision rationale:** According to MTUS 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. A therapeutic exercise program should be initiated at the start of any treatment or rehabilitation program, unless exercise is contraindicated. Such programs should emphasize education, independence, and the importance of an on-going exercise regime. "According to ODG guidelines, Gym memberships "Not recommended as a medical prescription unless a documented home exercise program with periodic assessment and revision has not been effective and there is a need for equipment. Plus, treatment needs to be monitored and administered by medical professionals. While an individual exercise program is of course recommended, more elaborate personal care where outcomes are not monitored by a health professional, such as gym memberships or advanced home exercise equipment may not be covered under this guideline, although temporary transitional exercise programs may be appropriate for patients who need more supervision. With unsupervised programs, there is no information flow back to the provider, so he or she can make changes in the prescription, and there may be risk of further injury to the patient. Gym memberships, health clubs, swimming pools, athletic clubs, etc. , would not generally be considered medical treatment, and are therefore not covered under these guidelines. " According to MTUS guidelines, aquatic therapy is "recommended as an optional form of exercise therapy, where available, as an alternative to land based physical therapy. Aquatic therapy (including swimming) can minimize the effects of gravity, so it is specifically recommended where reduced weight bearing is desirable, for example extreme obesity. For recommendations on the number of supervised visits, see Physical medicine. Water exercise improved some components of health-related quality of life, balance, and stair climbing in females with fibromyalgia, but regular exercise and higher intensities maybe required to preserve most of these gains. (Tomas-Carus, 2007)" There no clear evidence that the patient have difficulty performing land based physical therapy. There is no documentation for a clear benefit expected from Aquatic therapy. In addition, the request does not address who will be monitoring the patient Gym attendance and functional improvement. Furthermore, there is no clear documentation of the failure of supervised home exercise program or the need for specific equipment that is only available in Gym. Therefore, the request for Gym membership for a swimming pool for the right knee is not medically necessary.

**Acupuncture two times a week for four weeks for right knee:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**Decision rationale:** According to MTUS guidelines, acupuncture is considered in knee, back, ankle, and upper extremities complaints. "Acupuncture" is used as an option when pain medication is reduced or not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. It is the insertion and removal of filiform needles to stimulate acupoints (acupuncture points). Needles may be inserted, manipulated, and retained for a period of time. Acupuncture can be used to reduce pain, reduce inflammation, increase blood flow, increase range of motion, decrease the side effect of medication-induced nausea, promote relaxation in an anxious patient, and reduce muscle spasm". "(c) Frequency and duration of acupuncture or acupuncture with electrical stimulation may be performed as follows: (1) Time to produce functional improvement: 3 to 6 treatments. (2) Frequency: 1 to 3 times per week. (3) Optimum duration: 1 to 2 months. (d) Acupuncture treatments may be extended if functional improvement is documented as defined in Section 9792. 20(ef)". In this case, there is no clear documentation of the efficacy of previous use of acupuncture. More sessions could be considered when functional and objective improvement are documented. Therefore, the request for Acupuncture two times a week for four weeks for right knee is not medically necessary.