

Case Number:	CM15-0125592		
Date Assigned:	07/10/2015	Date of Injury:	06/23/2008
Decision Date:	08/07/2015	UR Denial Date:	06/16/2015
Priority:	Standard	Application Received:	06/29/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 42 year old who sustained an industrial injury on 06/23/2008. Mechanism of injury occurred when he was blindsided, sucker punched and kicked and suffered injuries to his hips, left shoulder right ankle, knees, right foot and toes, neck right upper leg and psyche. Diagnoses include industrial injury to the bilateral knees, shoulders, and right hip, status-post right knee arthroscopy in 2008, and revision in November of 2010, status post left knee operative arthroscopy in October of 2009, status post left shoulder arthroscopy in March of 2013, status post Synvisc right knee in January of 2013, August of 2013, and March of 2015, status post Synvisc injection to the left knee in September of 2012, and July of 2012, and June 3 of 2013, status post Kenalog injection to the right shoulder in May of 2013, August of 2013, and status post Kenalog injection to the left shoulder in September of 2012 and November of 2013. Treatment to date has included diagnostic studies, surgeries on his right and left knee, right ankle surgery, right knee revision, right hip arthroscopy, and left shoulder arthroscopy decompression and acromioplasty, physical therapy, Synvisc injections, and right shoulder cortisone injection. He is permanent and stationary. A physician progress note dated 06/03/2015 documents the injured worker presented for his Synvisc injection for his left knee. He received a right knee Synvisc injection in March of 2015 and it was greatly beneficial. He continues to experience symptoms of achiness, stiffness, pain and swelling on prolonged weight bearing activities, especially in his left knee. The left knee has positive patellofemoral crepitation and positive grind. There is tenderness to palpation along the lateral and medial joint line. His right knee has positive patellofemoral crepitation and positive grind. There is tenderness to palpation along the lateral and medial joint line. Treatment requested is for Aquatic therapy for the knees, 2 times a week for 6 weeks, quantity: 12 sessions, and Gym membership, quantity: 1 year.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic therapy for the knees, 2 times a week for 6 weeks, quantity: 12 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 13, Chronic Pain Treatment Guidelines Physical Medicine, Aquatic Therapy Page(s): 98-99, 20, 90-91.

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

Decision rationale: Aquatic therapy for the knees, 2 times a week for 6 weeks, quantity: 12 sessions is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS states that aquatic therapy is recommended as an optional form of exercise therapy, where available, as an alternative to land based physical therapy for conditions such as extreme obesity. The MTUS physical medicine guidelines recommend up to 10 therapy visits for this condition. The request exceeds this recommendation. The documentation does not indicate that the patient cannot participate in land based therapy. The request for aquatic therapy is not medically necessary.

Gym membership, quantity: 1 year: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 114. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)-Treatment in Workers Comp 2012 on the Web (www.odgtreatment.com) and Work Loss Data Institute (www.worklossdata.com).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back-Gym memberships.

Decision rationale: Gym membership, quantity: 1 year is not medically necessary per the ODG Guidelines. The MTUS does not specifically address gym memberships. The ODG does not recommend gym membership 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. 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. The documentation submitted does not reveal that periodic assessment and revision of a documented home exercise program has not been effective. The request for a one year gym membership is not medically necessary.