

<b>Case Number:</b>	CM15-0075474		
<b>Date Assigned:</b>	04/27/2015	<b>Date of Injury:</b>	01/18/2014
<b>Decision Date:</b>	05/22/2015	<b>UR Denial Date:</b>	04/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/21/2015

### 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 was a 62 year old female, who sustained an industrial injury, January 18, 2013 to January 18, 2014. The injured worker suffered accumulative trauma resulting for a hostile work environment. The injured worker previously received the following treatments psychiatric services and knee joint injections, Naproxen and Vicodin. The injured worker was diagnosed with right knee pain, osteoarthritis of the right knee, degenerative meniscus tear lateral, chondromalacia patella, cervical spine strain/sprain and lumbar spine sprain/strain. According to progress note of March 24, 2015 the injured workers chief complaint was right knee pain with locking, popping and giving out. The injured worker was waiting for approval for right total knee replacement. The physical exam of the right knee noted positive for crepitus with tenderness of the patella region. There was decreased range of motion. The lumbar spine noted to have decreased range of motion with positive straight leg testing. The treatment plan included a gym membership with pool access for 6 months.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Gym membership, with pool access, 6 months:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy Page(s): 22. Decision based on Non-MTUS Citation Official Disability Guidelines: Knee & Leg chapter - Gym memberships.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy Page(s): 22. Decision based on Non-MTUS Citation 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 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's Gym attendance and functional improvement. 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, with pool access, 6 months is not medically necessary.