

<b>Case Number:</b>	CM13-0006103		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	09/09/1997
<b>Decision Date:</b>	02/21/2014	<b>UR Denial Date:</b>	07/24/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/01/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Orthopedic Surgeon and is licensed to practice in Texas. 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 physician 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 patient is a 63-year-old male who reported a work related injury on 09/09/1997; specific mechanism of injury was noted as strain to the lumbar spine. The patient currently presents for treatment of the following diagnoses, status post left knee replacement, specific date of procedure not stated. The most recent clinical note submitted for this review is dated from 02/2013. The clinical note reports the patient was seen under the care of [REDACTED]. The provider documents the patient reports low back pain and bilateral lower extremity pain. The provider documents the patient's rate of pain was at a 5/10. The provider documents upon physical exam of the patient, range of motion of the lumbar spine was noted to be at 15 degrees extension, flexion of 60 degrees, and lateral flexion of 10 degrees bilaterally. The provider documents the patient's motor strength was 5/5 throughout the bilateral lower extremities.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**The request for 6 month Gym membership for the Left Knee and Lumbar Spine:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC 2013 Low Back

**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 chapter.

**Decision rationale:** The current request is not supported. The clinical documentation submitted for review fails to evidence a rationale for the specific request at this point in the patient's treatment. Official Disability Guidelines indicate gym memberships 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. Given the lack of documentation evidencing the patient's inability to utilize an independent home exercise program for his pain complaints, the request for a 6 month gym membership for the left knee and lumbar spine is not medically necessary or appropriate.