

Case Number:	CM13-0006181		
Date Assigned:	11/27/2013	Date of Injury:	05/10/2011
Decision Date:	01/17/2014	UR Denial Date:	07/18/2013
Priority:	Standard	Application Received:	08/03/2013

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 Physical Medicine and Rehabilitation and is licensed to practice in Oklahoma and 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.

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 42-year-old female who reported an injury on 05/10/2011, after a patient ran their walker into her left knee. The patient was initially treated with physical therapy. The patient underwent arthroscopy of the left knee with partial medial meniscectomy and chondroplasty of the medial and patellofemoral compartments with lysis of adhesions and manipulation under anesthesia. The patient was treated postoperatively with a physical therapy program and then transitioned into an independent exercise program. The patient's most recent examination findings included range of motion described as full extension and 135 degrees in flexion. It was noted that the patient had a positive anterior drawer sign and a +1 positive Lachman's. The patient's diagnoses included status post-surgical arthroscopy of the left knee with partial medial meniscectomy, chondroplasty, and debridement, and status post ACL reconstruction. The patient's treatment plan included an independent home exercise program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Twelve (12) month health club membership: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Low Back Chapter, Gym Memberships.

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, Gym memberships.

Decision rationale: The requested 12 month health club membership is not medically necessary or appropriate. The clinical documentation submitted for review does provide evidence that the patient has continued minor deficits that can be addressed by a home exercise program. However, Official Disability Guidelines do not recommend a medical prescription for a gym membership unless the patient has failed to progress while participating in an unsupervised home exercise program. Additionally, it is stated, "gym memberships, health clubs, swimming pools, athletic clubs, etc., would not generally be considered medical treatment, and are therefore, not covered under these guidelines." Clinical documentation submitted for review does not provide evidence that the patient has failed to progress in a home exercise program and requires the need for exercise equipment that cannot be used in the home. As such, the requested 12 month health club membership is not medically necessary or appropriate.