

Case Number:	CM13-0010026		
Date Assigned:	11/27/2013	Date of Injury:	05/03/2002
Decision Date:	02/05/2014	UR Denial Date:	08/02/2013
Priority:	Standard	Application Received:	08/12/2013

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 Family Practice 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 50-year-old female who reported a work related injury on 05/03/2002. The specific mechanism of injury not stated. Subsequently, the patient presents for treatment of right knee pain complaints, status post right knee arthroscopic surgical interventions performed in 2003 and 2008. Clinical note dated 06/20/2013 referenced the patient was seen under the care of [REDACTED] for continued right knee pain complaints. The provider documents upon physical exam of the patient, right knee tenderness was reported along the lateral joint line with moderate valgus alignment noted. The patient's range of motion was noted at 5 to 110 degrees. Normal sensation and strength were noted throughout. The patient's ligaments were stable. 3 views of the right knee were obtained including weightbearing views which revealed moderate osteoarthritis, lateral compartment with bone spur formation. The provider recommended the patient begin a gym exercise program to decrease her weight and increase her activity level.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gym membership exercise program (time frame not specified) 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 Official Disability Guidelines (ODG)

Decision rationale: The Official Disability Guidelines indicate that 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. In addition, treatment needs to be monitored and administered by medical professionals. The clinical notes show evidence that the patient continues to present with right knee pain complaints and symptoms after a work-related injury sustained over 10 years ago. At this point in the patient's treatment, and use of an independent home exercise program would show functional deficits remaining about the right knee. Given all the above, the request for gym membership exercise program (time frame not specified) for the right knee is not medically necessary nor appropriate.