

Case Number:	CM13-0021166		
Date Assigned:	11/08/2013	Date of Injury:	01/14/2010
Decision Date:	01/27/2014	UR Denial Date:	08/29/2013
Priority:	Standard	Application Received:	09/06/2013

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 & Rehabilitation and is licensed to practice in Maryland. 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 54-year-old female who sustained an injury on 1/14/2010. On 07/07/11, she underwent right knee surgery. A right knee MRI dated 7/11/12 showed early patellofemoral compartment osteoarthritis. She is said to have received acupuncture with positive results in the past. She is currently diagnosed with right hip greater trochanteric bursitis, status post right knee arthroscopy, partial lateral meniscectomy and resection of medial synovial plica, right knee with early patellofemoral compartment osteoarthritis, stress, anxiety and depression. A report from 8/2/13 indicates that the patient is experiencing ongoing pain to the right hip. She has increases pain with movement activity. With regard to the right knee, there is intermittent pain. She describes limited and painful movement of the knee. There is radiating pain to the right outer thigh and hip, as well as down the leg, to the area of the shin. She has increased pain with prolonged standing and walking.

IMR ISSUES, DECISIONS AND RATIONALES

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

A one year gym membership: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation ODG, Low Back, Gym Membership

Decision rationale: A one year gym membership is not medically necessary per MTUS guidelines and ODG guidelines. Per MTUS guidelines, patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Home exercise can include exercise with or without mechanical assistance or resistance and functional activities with assistive devices. Per ODG guidelines, gym memberships are not recommended as a medical prescription unless a documented home exercise program with periodic assessment and revision has not been effective.