

Case Number:	CM13-0021167		
Date Assigned:	10/11/2013	Date of Injury:	10/01/2012
Decision Date:	02/24/2014	UR Denial Date:	08/23/2013
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 Occupational Medicine and is licensed to practice in California. 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 53-year-old male with date of injury 10/01/2012. He is currently being treated by [REDACTED] for bilateral knee complaints and right shoulder pain. He carries the following diagnoses: 1. Bilateral end-stage knee arthritis, pre-existing; 2. Contusion right knee status post bilateral meniscectomy, sinusectomy, and tri-compartmental chondroplasty; 3. Status post multiple knee surgeries with recurrent left knee pain; 4. Right shoulder pain; 5. Diabetes; 6. Hypertension. According to [REDACTED] progress notes, the patient is 68 inches tall and weighs 362 pounds. His obesity and end-stage knee arthritis make it impossible for him to exercise in a land-based home therapy program. The patient is able to perform some type of exercise in a swimming pool, however. The patient currently uses a cane for walking, but spends much of his time in a wheelchair. [REDACTED] physical examination on 08/16/2013 is as follows: Height: 5' 8" Weight: 362 lbs BP: 155/76 Pulse: 87 Range of motion of the right shoulder is full actively. There is pain in the subacromial area with mild-moderate weakness on testing the rotator cuff. Impingement and a.c. compression testing is positive. Range of motion of the knees are 10-90° bilaterally. Gross crepitation is noted. The patient walks with a wide-based gait using a cane in the left hand.

IMR ISSUES, DECISIONS AND RATIONALES

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

A gym membership (for pool exercise program 6 weeks): 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 (updated 6/7/13), 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) Knee & Leg (Acute & Chronic), Gym memberships.

Decision rationale: Gym memberships are 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.