

Case Number:	CM13-0021548		
Date Assigned:	12/27/2013	Date of Injury:	11/11/2002
Decision Date:	03/06/2014	UR Denial Date:	08/26/2013
Priority:	Standard	Application Received:	09/09/2013

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 Illinois. 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 57-year-old female who reported an injury on 11/11/2002. The patient is currently diagnosed with knee joint replacement. The patient was seen by [REDACTED] on 07/23/2013. The patient reported constant pain in bilateral knees with swelling. The physical examination revealed 0 to 120 degree range of motion bilaterally, no specific tenderness, 5/5 strength, and non-painful range of motion. The treatment recommendations included a gym membership for approximately 6 months for bilateral knees.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gym membership for 6 months for bilateral knees: 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) 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 Chapter, Gym Memberships.

Decision rationale: The Official Disability Guidelines state 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. As per the documentation submitted, the patient actively participates in a home exercise program. The physical examination on the requesting date revealed no specific tenderness, 5/5 strength, non-painful range of motion, and negative instability of bilateral knees. Documentation of a significant musculoskeletal or neurological deficit was not provided. There is no evidence of a failure to respond to a home exercise program or the need for equipment. The medical necessity for the requested service has not been established. As such, the request is non-certified.