

Case Number:	CM13-0023786		
Date Assigned:	11/15/2013	Date of Injury:	08/23/2010
Decision Date:	01/21/2014	UR Denial Date:	08/23/2013
Priority:	Standard	Application Received:	09/13/2013

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. 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 08/23/2010; specific mechanism of injury was not stated. The patient currently presents for treatment of the following diagnosis, chronic intractable left knee pain. The clinical note dated 07/29/2013 reports the patient was seen under the care of [REDACTED]. The provider documents the patient reports continued pain complaints about the left knee. The patient reports Cymbalta and Tylenol with codeine, as well as naproxen and gabapentin assist with her pain complaints. Additionally, the patient utilizes Orphenadrine. The patient reports her pain ranges from 3/10 to 7/10. The provider documents no evidence of cognitive slowing and the patient is obese with an antalgic gait. The left knee is in a DonJoy brace and there was edema noted with tenderness at the left medial joint line. The patient has tenderness on her patella, but no evidence of ligamentous instability. The left lower extremity strength is limited secondary to pain and the patient exhibits full extension with 110 degrees of knee flexion. Sensory exam was within normal range and deep tendon reflexes were 2+ bilaterally equal and symmetrical. The provider recommended the following for the patient's treatment plan: urine toxicology screen, left knee MRI, continued pool exercises, gym membership with a pool for the patient to continue strengthening and pool exercises, and continued use of her medication regimen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gym membership for six (6) months to one (1) year with pool access: 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)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg chapter.

Decision rationale: The current request is not supported. The clinical documentation submitted for review reports the patient continues to present with left knee pain complaints status post a work-related injury sustained in 08/2010. The provider documented the patient upon physical exam had strength limited secondary to pain and exhibited full extension with 110 degrees of flexion about the left knee. The provider is recommending a gym membership for 6 months to 1 year with pool access. However, Official Disability Guidelines indicate, "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 profession 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." In addition, gym memberships, health clubs, swimming pools, and athletic clubs would not generally be considered medical treatment and therefore, are not covered under these guidelines. Given all of the above, the request for gym membership for six (6) months to one (1) year with pool access is not medically necessary or appropriate.