

Case Number:	CM13-0031522		
Date Assigned:	12/04/2013	Date of Injury:	07/25/2002
Decision Date:	02/11/2014	UR Denial Date:	09/19/2013
Priority:	Standard	Application Received:	10/03/2013

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 Preventative Medicine and 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic knee and shoulder pain reportedly associated with an industrial injury of July 25, 2002. Thus far, the applicant has been treated with the following: Analgesic medications; prior bilateral total knee arthroplasties; a shoulder rotator cuff repair surgery; attorney representation; initial return to work; and subsequent removal from the workplace. The applicant is not presently working. In a utilization review report of September 19, 2013, the claims administrator denied a request for a Gym membership, citing non-MTUS ODG Guidelines. The applicant's attorney subsequently appealed. A later physical therapy note of October 30, 2013 is notable for comments that the applicant reports pain ranging from 3 to 7/10. While the applicant's pain is aggravated by walking up and down the stairs, he is apparently compliant with an independent home exercise program. A later note of November 11, 2013 is notable for comments that the applicant has had previous therapy for bilateral total knee arthroplasty and is now compliant with a prescribed home exercise program. On October 8, 2013, the attending provider writes that the applicant has been working as supervisor at the [REDACTED] since 2000. The applicant has been continuing to work, it is stated. He now cannot return to work, it is stated. He is reportedly working out on his own in a gym, it is stated. He is on Percocet for pain relief.

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: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 114. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)-lumbar spine, gym memberships.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Cornerstones of Disability Prevention and Management (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 5), Employee/patient's role, and the Official Disability Guidelines (ODG), Knee Chapter, Gym memberships.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in chapter 5, adhering to and maintaining exercise regimens are matters of applicant responsibility as opposed to matters of medical necessity. In this case, it is further noted that the applicant is described by both his physical therapist and his attending provider as adhering to and maintaining a home exercise program of his own accord. The ODG Gym membership topic notes that gym membership should typically not be provided as a medical prescription unless there is evidence that a home exercise program has failed and in cases where there is a need for specialized equipment. In this case, however, there is no evidence that the applicant has tried and failed a home exercise program. In fact, he is described as compliant with a home exercise program. While provision of a gym membership might be convenient for the applicant, it does not appear to be medically necessary, as suggested both by ACOEM and ODG. Therefore, the request remains non certified, on independent medical review.