

Case Number:	CM13-0032199		
Date Assigned:	12/04/2013	Date of Injury:	04/22/2003
Decision Date:	10/29/2014	UR Denial Date:	09/26/2013
Priority:	Standard	Application Received:	10/07/2013

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 Family Practice 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.

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 51-year-old female who sustained a work-related injury on 09/13/2011. Subjectively, the patient reported complaints of left knee pain. Physical examination of the left knee revealed mild acute swelling, tenderness to palpation, and a McMurray's test that elicited pain in the medial joint area. Prior conservative treatment included chiropractic treatment, physical therapy, and medication management. A request for authorization was made for a one year gym membership.

IMR ISSUES, DECISIONS AND RATIONALES

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

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), Low Back-Lumbar and Thoracic (Acute and Chronic), 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) Low Back Chapter, Gym Membership

Decision rationale: Official Disability Guidelines states that 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." The clinical

information provided lacks a rationale as to why the patient cannot utilize a home exercise program without specialized equipment. Given the lack of documentation submitted for review and lack of guideline recommendations, the request is not supported. As such, the request for one year gym membership is not medically necessary.