

Case Number:	CM13-0032224		
Date Assigned:	12/04/2013	Date of Injury:	06/01/2010
Decision Date:	01/23/2014	UR Denial Date:	09/23/2013
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 Physical Medicine & Rehabilitation 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 65 year old male who reported an injury on 06/01/2010 and 01/10/2011. The mechanism of injury was not provided in the medical record. The most recent clinical record provided reported there had been multiple x-rays of the left knee, unofficial MRI of the left knee, anterior cruciate ligament reconstruction, joint injections, and physical therapy. The patient had frequent complaints of left knee pain, swelling, and weakness which was exacerbated by walking. The patient was wearing a hinged brace to the left knee and used a cane to ambulate. There was mention of a left total knee replacement surgery, and the patient stated he was not mentally ready for the procedure. Physical examination revealed there were no changes from previous examination on 10/08/2012, except for the addition of the diagnosis of lumbar strain/sprain. Physical therapy and other modalities in a conservative fashion were suggested.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 year gym membership with warm pool for physical therapy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 310. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Back exercises

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, Gym Memberships.

Decision rationale: California MTUS/ACOEM did not address Gym memberships. Official Disability Guidelines state gym memberships are not recommended as a medical prescription unless there is proof that a home exercise program has been ineffective. It is also recommended that any therapy is to be administered and monitored by a medical professional. The supervision and administration of therapy by a medical professional is not provided in a gym setting. Given the lack of guideline support for the requested gym membership, the request for 1 year gym membership with heated pool for physical therapy is non-certified.