

Case Number:	CM13-0036608		
Date Assigned:	12/13/2013	Date of Injury:	08/20/2011
Decision Date:	04/09/2014	UR Denial Date:	09/25/2013
Priority:	Standard	Application Received:	10/21/2013

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 Emergency Medicine, and is licensed to practice in New York. 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 44-year-old male who was injured on August 20, 2011. The patient continues to experience left knee pain. Physical examination was notable for positive crepitus and clicking of the left knee with restricted range of motion. Muscle strength was 5/5 and sensation was intact. Diagnoses included left knee internal derangement and left knee sprain/strain. Treatment included medications, physical therapy, and surgical interventions. Request for authorization for gym membership with personal trainer for 8 sessions was submitted for consideration.

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 WITH A PERSONAL TRAINER FOR 8 TREATMENT SESSIONS: 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)-TWC Knee and Leg Procedure Summary, updated 6/7/2013.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46-47. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee, Gym Memberships.

Decision rationale: Exercise is recommended. There is strong evidence that exercise programs, including aerobic conditioning and strengthening, are superior to treatment programs that do not include exercise. There is no sufficient evidence to support the recommendation of any particular exercise regimen over any other exercise regimen. Physical conditioning in chronic pain patients can have immediate and long-term benefits. One of the problems with exercise, however, is that it is seldom defined in various research studies and its efficacy is seldom reported in any change in status, other than subjective complaints. If exercise is prescribed a therapeutic tool, some documentation of progress should be expected. Home exercise program is recommended. 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. Treatment needs to be monitored and administered by medical professionals. There is no documentation that the home exercise was ineffective. There is insufficient documentation in the medical record to support that a gym membership is medically necessary.