

<b>Case Number:</b>	CM13-0038433		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	01/09/1998
<b>Decision Date:</b>	07/29/2014	<b>UR Denial Date:</b>	10/10/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/25/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, and is licensed to practice in California and Washington. 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 expert 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 injured worker is a 70-year-old male with a reported date of injury on 1/9/98. The mechanism of injury was not provided within the documentation available for review. The injured worker presented with pain and discomfort in the knees. Upon physical examination, the injured worker's bilateral knees revealed a positive patellofemoral crepitation and mild restriction in range of motion was observed. Previous physical therapy and conservative care was not provided within the documentation available for review. The physician indicated the injured worker has good luck with consistent exercise program. Diagnoses included bilateral knee osteoarthritis. The medication regimen was not provided within the documentation available for review. The clinical note dated 10/7/13, the physician indicated that he would like to give consideration for a 12 months gym membership as well as a stationary bike. The physician indicated at that point, the injured worker had good outcome with respect to working on the bike itself.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**GYM MEMBERSHIP AT BALLY TOTAL FITNESS; TWELVE MONTHS (12):** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

**Decision rationale:** The Official Disability Guidelines recommend exercise. There is no strong evidence that exercise programs, including aerobic, conditioning and strengthening, are superior to treatment programs that do not include exercise. According to the guidelines, there is no sufficient evidence to support the recommendation of any particular exercise regimen over any other exercise regimen. The clinical information provided for review lacks documentation related to the injured worker's functional deficits to include range of motion values. In addition, the physician indicates that the injured worker has had a good outcome with respect to working on the stationary bike itself. In addition, the guidelines do not recommend one exercise program over another exercise program. The guidelines state there is no sufficient evidence to support the recommendation of any particular exercise regimen over any other exercise regimen. Therefore, the request is not medically necessary.