

<b>Case Number:</b>	CM13-0039458		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	04/26/2006
<b>Decision Date:</b>	04/25/2014	<b>UR Denial Date:</b>	09/23/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/28/2013

### 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. 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 patient is a 53-year-old female who reported an injury on 4/26/06. The mechanism of injury was a slip and fall. The documentation of 8/19/13 revealed that the patient had complaints of bilateral knee and ankle pain. The request was made for an MRI of the lumbar spine and left knee as well as electrodiagnostic studies of the bilateral lower extremities and a gym membership so the patient could perform the exercises on her own along with a certified personal trainer. It was indicated that the patient had gained a considerable amount of weight, which would be assisted with the gym membership as well as the personal trainer and that it would improve the patient's range of motion. The patient's diagnoses included lumbar sprain/strain, lumbosacral radiculopathy, foot sprain/strain, knee tendonitis/bursitis, and ankle tendonitis/bursitis.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **MAGNETIC RESONANCE IMAGING (MRI) OF THE LEFT KNEE:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341-343.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341-343.

**Decision rationale:** The ACOEM guidelines indicated that special studies are not needed to evaluate most knee complaints until after a period of conservative care and observation. There was a lack of documentation of an objective physical examination and documentation of the patient's conservative care. Given the above, the request for an MRI of the left knee is not medically necessary.

**GYM MEMBERSHIP ALONG WITH PERSONAL TRAINER:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG), ANKLE & FOOT CHAPTER, GYM MEMBERSHIP

**Decision rationale:** The Official Disability Guidelines do not recommend gym memberships unless they are monitored and administered by medical professionals. Gym memberships may not be covered under this guideline, as they are not generally considered medical treatment. The request as submitted failed to indicate the quantity of sessions being requested. Given the above, the request for a gym membership with a personal trainer is not medically necessary.