

Case Number:	CM13-0040895		
Date Assigned:	03/24/2014	Date of Injury:	04/28/2011
Decision Date:	07/25/2014	UR Denial Date:	10/17/2013
Priority:	Standard	Application Received:	10/29/2013

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 & Rehab, 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:

This 44 year-old patient sustained an injury on 4/28/11 from a twist and fall while employed by [REDACTED]. Request under consideration include one year gym membership. The patient has history of multiple right knee arthroscopic surgeries times 5 (1995 through 1998) for ACL reconstruction, meniscectomy, debridement, and chondroplasty last one in July 2013. Report of 9/29/11 from the provider, the patient was declared permanent and stationary and was deemed able to return to regular duties without restrictions. Diagnoses include Knee arthritis/ althralgia/ synovitis; ankle sprain/strain/synovitis. Future medical care included orthopedic evaluation for worsening aggravation/flare-ups; anti-inflammatories and analgesics; cortisone injections; visco supplementation and possible surgical care. The patient underwent surgical hardware removal and right TKA on 7/18/13 with post-operative therapy. Ortho report of 7/19/13 noted patient with excellent progress with plan for discharge to home. Physical therapy note of August 2013 noted patient with good rehab potential without complications. The patient has received extensive medical treatment for the right knee and left ankle from injury of April 2011 and continues to treat for chronic symptom complaints. There is a request from the provider for gym membership. The request for one year gym membership was non-certified on 10/17/13 citing guidelines criteria and lack of medical necessity.

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.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Exercise, Pages 46-47 Page(s): 46-47. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Gym Memberships, page 225.

Decision rationale: Although the MTUS Guidelines stress the importance of a home exercise program and recommend daily exercises, there is no evidence to support the medical necessity for access to the equipment available with a gym membership versus resistive thera-bands to perform isometrics and eccentric exercises. Most pieces of gym equipment are open chain, i.e., the feet are not on the ground when the exercises are being performed. As such, training is not functional and important concomitant components, such as balance, recruitment of postural muscles, and coordination of muscular action, are missed. Again, this is adequately addressed with a home exercise program. Core stabilization training is best addressed with floor or standing exercises that make functional demands on the body, using body weight. These cannot be reproduced with machine exercise units. There is, in fact, considerable evidence-based literature that the less dependent an individual is on external services, supplies, appliances, or equipment, the more likely they are to develop an internal locus of control and self-efficacy mechanisms resulting in more appropriate knowledge, attitudes, beliefs, and behaviors. The one-year gym membership is not medically necessary and appropriate.