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| Case Number: | CM13-0041000 | | |
| Date Assigned: | 12/20/2013 | Date of Injury: | 01/23/2007 |
| Decision Date: | 02/19/2014 | UR Denial Date: | 10/08/2013 |
| Priority: | Standard | Application Received: | 10/17/2013 |

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 Oklahoma and Texas. 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 59-year-old male who reported an injury on 07/06/2005. The patient is diagnosed with osteoarthritis in the left knee, status post right total knee replacement, and new onset of numbness in the digits of bilateral hands. The patient was seen by [REDACTED] on 11/26/2013. The patient reported bilateral knee pain with activity limitation. Physical examination revealed effusion to the right knee, decreased knee, thigh and calf circumference on the left when compared to the right. Treatment recommendations included anti-inflammatory medication and Euflexxa injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gym membership: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 114, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg Chapter, Gym Memberships.

Decision rationale: Official Disability Guidelines state 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. As per the clinical notes submitted, there is no indication that this patient has failed to respond to a home exercise program or requires specific equipment. The medical necessity has not been established. As such, the request is non-certified.