

<b>Case Number:</b>	CM13-0049244		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	05/31/1998
<b>Decision Date:</b>	04/30/2014	<b>UR Denial Date:</b>	10/21/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/07/2013

### 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 Family Practice 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 reported an injury on 05/31/1988. The mechanism of injury was not provided in the medical records. The patient's diagnosis was not provided in the medical records. Physical examination of the right knee revealed range of motion from 10 to 55 degrees. The patient was noted to ambulate with a stiff knee gait favoring the right knee. Previous medical treatments included cortisone injection in 2001, physical therapy, and a rubber sleeve knee brace.

### 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:** The Claims Administrator did not base their decision on the MTUS. 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)

**Decision rationale:** According to the Official Disability Guidelines, 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. Plus, treatment needs to be monitored and administered by medical professionals. The documentation submitted for review indicates that the patient's symptoms have remained unchanged and he had received a knee brace which was noted to be

helping when he uses it for prolonged activity. However, the documentation failed to provide evidence that physical therapy and/or a home exercise program has not been effective and there is a need for equipment. Therefore, the request is not supported. Given the above, the request for gym membership is non-certified.