

Case Number:	CM13-0050447		
Date Assigned:	06/20/2014	Date of Injury:	04/21/1997
Decision Date:	08/11/2014	UR Denial Date:	10/14/2013
Priority:	Standard	Application Received:	11/13/2013

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 injured worker is a 61-year-old female who reported an injury on 04/21/1997. The mechanism of injury involved a fall. Current diagnoses include status post failed knee replacement, osteomyelitis of the right knee, anxiety, stress, and yeast infection. The injured worker was evaluated on 08/28/2013. The injured worker was status post failed total knee replacement secondary to infection with prosthesis. The injured worker reported 8/10 pain in the bilateral knees and lower back. Physical examination revealed an antalgic gait, swelling, pitting edema, limited range of motion, and quadricep weakness. Treatment recommendations included a gym membership and an exercise bike.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gym membership for the right knee for three (3) to six (6) months: 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-TWC Knee and Leg Procedures Summary last updated 06/07/2013; TriCare Guidelines Policy Manual 6010.54.

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 documentation submitted, the injured worker is status post failed total knee replacement. However, there is no documentation of a failure to respond to a home exercise program. There is also no indication that this injured worker requires specialized equipment. As the medical necessity has not been established, the request is not medically necessary.