

Case Number:	CM13-0051363		
Date Assigned:	12/27/2013	Date of Injury:	09/23/2011
Decision Date:	04/30/2014	UR Denial Date:	10/07/2013
Priority:	Standard	Application Received:	10/16/2013

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 Occupational Medicine 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:

Patient is a 55 year-old male with date of injury 9/23/2011. The most recent medical record, an orthopedic examination, dated 12/18/2013, lists subjective complaints as pain in both knees. Objective findings: Examination of the left and right knees revealed tenderness along the knee laterally, on the left side. Tenderness was also noted along the joint line as well as weakness to resisted function. Knee extension was 180 degrees and flexion was 160 degrees on the left. Relevant diagnosis: 1. Status post open reduction and internal fixation of the left knee. 2. Compensatory problem with regards to the right knee. 3. Big toe contusion on the left. No documentation of previous physical or occupational therapy visits were found in the medical records supplied for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

GYM MEMBERSHIP FOR NON GRAVITY EXERCISE QTY: 6 MONTHS: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 288. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): 288. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

Decision rationale: A private gym membership is not considered to be medical treatment. Exercise at the gym is typically unsupervised and there is no feedback to the treating physician. Neither the MTUS nor the Official Disability Guidelines recommended unmonitored exercise not overseen by a medical professional.