

Case Number:	CM13-0055591		
Date Assigned:	12/30/2013	Date of Injury:	11/28/2012
Decision Date:	04/02/2014	UR Denial Date:	11/14/2013
Priority:	Standard	Application Received:	11/21/2013

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 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 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 58-year-old female who reported an injury on 11/28/2012. The mechanism of injury involved a fall. The patient is currently diagnosed with left knee medial meniscus tear, left knee lateral meniscus tear, weight gain, and continued left knee and hip weakness. A request for authorization was submitted by [REDACTED] on 10/25/2013. It is noted that the patient called the office of the requesting provider and asked for a prescription for a gym membership for weight loss and rehabilitation of the left knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

two month 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), ODG-TWC; ODG Treatment; Integrated Treatment/Disability Duration Guidelines, Low Back Chapter, Gym Membership

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

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. The patient does not appear to meet criteria for the requested service. The latest physical examination performed by [REDACTED] is documented on 10/08/2013. The patient demonstrated well-healed incision on the left knee, 0 degrees to 120 degrees range of motion, negative instability, and weakness. There is no documentation of a failure to respond to a home exercise program, nor the need for specialized equipment. Based on the clinical information received and the Official Disability Guidelines, the request for a two month gym membership is not medically necessary and appropriate.