

<b>Case Number:</b>	CM13-0059051		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	05/06/2013
<b>Decision Date:</b>	05/06/2014	<b>UR Denial Date:</b>	10/30/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/27/2013

### 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, has a subspecialty in Sports Medicine and is licensed to practice in 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 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 52 year old female with a reported date of injury on 05/06/2013. The worker was injured performing usual and customary job duties. The clinical note dated 10/08/2013 noted the injured worker reported pain to the bilateral knees. Surgical history included gastric bypass 2005. Upon physical examination the injured worker had moderate to severe swelling to the bilateral knees, with tenderness to palpitation upon the medial and lateral joint lines. Range of motion for knees was noted to be 120 degrees bilaterally. Patellar grind test was positive bilaterally. MRI of the right knee had the impression of tricompartmental osteoarthritic changes, maceration of mid to anterior horn of the medial meniscus and joint effusion. The left knee had tricompartmental osteoarthritic changes with associated joint effusion. The injured worker had a diagnosis of bilateral knee tricompartmental osteoarthritis.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**GYM MEMEBERSHIP FOR NON-IMPACT EXERCISE:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Knee & Leg, Gym Memeberships

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG)

## OFFICIAL DISABILITY GUIDELINES (ODG) LOW BACK - LUMBAR & THORACIC (ACUTE & CHRONIC), GYM MEMBERSHIPS

**Decision rationale:** The Official Disability Guidelines do not recommend gym memberships as a medical prescription unless a documented home exercise program with periodic assessment and revision has not been effective and there is need for equipment. Additionally, the guidelines indicate gym memberships would not generally be considered medical treatment and therefore, are not covered under these guidelines. The documentation provided did not provide adequate documentation of significant objective functional deficits for which a gym membership would be necessary. The injured workers prior courses of conservative care were unclear within the medical records. Additionally, the guidelines do not recommend gym memberships for injured workers. Therefore, the request is non-certified.

**WEIGHT LOSS PROGRAM FOR ONE (1) YEAR:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation CMS 40.5 - Treatment of Obesity

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) DIABETES (TYPE 1, 2, AND GESTATIONAL) LIFESTYLE (DIET & EXERCISE) MODIFICATIONS

**Decision rationale:** The Official Disability Guidelines recommend Lifestyle (diet & exercise) modifications as first-line interventions. Lifestyle changes with dietary and exercise modifications are essential for all patients. Reduction of obesity and an active lifestyle can have major benefits. Medical nutritional therapy must be individualized, with insulin dosage adjustments to match carbohydrate intake, high glycemic index food limitations, adequate protein intake, heart healthy diet use, weight management, and sufficient physical activity. Twice a week with supervised aerobic and resistance training plus structured exercise counseling is effective in improving HbA(1c) and cardiovascular risk profile, but counseling alone is of limited efficacy on cardiovascular risk factors. The clinical note reported the injured worker had gastric bypass in 2005. There is a lack of documented indications which would demonstrate the injured workers need for a weight loss program such as height and weight, and body mass index (BMI). The prior courses of treatment were not included in the medical records. Therefore, the request is non-certified.