

<b>Case Number:</b>	CM13-0060230		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	06/06/2006
<b>Decision Date:</b>	05/08/2014	<b>UR Denial Date:</b>	10/31/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/03/2013

### 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:

The patient is a 58 year old female who was injured on 06/06/2006. She sustained an injury to the right knee and lumbar. Prior treatment history has included failed land based therapy, knee injections. Medications as of 01/16/2014 include: Ibuprofen 800 mg Flector 1.3% patch Glucosamine-chondroitin 750-600 mg MiraLax Powder 17 gm Norco 10-325 mg Neurontin 300 mg Zanaflex 4 mg Senokot 8.6-50 mg Simvastatin 10 mg Valium 10 mg Clonazepam 0.25 mg Diagnostic studies reviewed include X-ray of bilateral hips, 3 views, dated 11/14/2013 revealed normal appearance of the hips with no evidence for significant degenerative arthritis and stable sclerotic lesion in the right ilium since the prior lumbar spine exam of 01/07/2010. X-rays of the right knee, 4 views, dated 10/08/2013 revealed no acute fractures, bilateral joint effusion, and moderate medial and moderate patellofemoral joint space narrowing slightly worse on the right. PR2 dated 10/16/2013 indicated the patient had complaints of lower backache and bilateral knee pain. The pain level has increased since the last visit. The pain level has remained unchanged since the last visit. She reported that she was experiencing pain in her left glute that started about a week and a half ago. She reported her quality of sleep is poor. The patient is taking her medications as prescribed. She wishes for us to request a gym membership and physical therapy. She would attend the gym 3 to 4 times a week, including aqua therapy, weights and walking. She was able to decrease her pain medications as her gluteal pain was improved due to recent stretches. The right glute continues to increase in pain. She stated the pain is so bad that it is hard to walk. Objective findings on exam revealed the patient does not use assistive devices. The lumbar spine did not reveal scoliosis, asymmetry or abnormal curvature noted on inspection of the lumbar spine. Range of motion is restricted with flexion limited to 50 degrees limited by pain, extension limited to 10 degrees limited by pain, right lateral bending limited to 20 degrees, left lateral bending limited to 20 degrees, lateral rotation to the left limited to 25 degrees, lateral

rotation to the right limited to 25 degrees and limited by pain at this visit. On palpation of the paravertebral muscles, there is tenderness noted bilaterally. Heel and toe walk are normal; lumbar facet loading is positive on the right side internal rotation of the femur resulted in deep buttocks pain. Straight leg raise test is negative. All lower extremity reflexes are equal and symmetric. There is tenderness over the right Piriformis. On motor examination, the patient moves all extremities well but is limited by pain. The patient is diagnosed with lumbar disc disorder, lumbar facet syndrome, and knee pain. The patient has been instructed to walk for exercise as tolerated, start and adhere to a low calorie diet and a weight loss program, exercise as tolerated, take medications as directed and perform stretching exercises. The patient is aware that the medication she was prescribed may cause drowsiness and that she should not drive or operate machinery or engage in any safety sensitive activity and take this medicine.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**GYM MEMBERSHIP X 12 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) Low Back, Gym Memberships.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Gym Memberships.

**Decision rationale:** This patient has had extensive physical therapy and additional benefits that a gym membership would entail have not been documented in the medical records that were sent to me. Based on the guidelines referenced above and the medical records provided for review, the request is not medically necessary.