

<b>Case Number:</b>	CM13-0067881		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	03/31/2009
<b>Decision Date:</b>	04/25/2014	<b>UR Denial Date:</b>	12/10/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/18/2013

### 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 Internal Medicine, Pulmonary Diseases 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 59-year-old male who reported injury on 03/31/2009. The mechanism of injury was noted to be the patient walked down a steep ramp from the back of a truck and felt a buckle in his left knee. The clinical documentation submitted for review dated 07/23/2013 revealed the patient ambulated with the assistance of a cane and the knee motion was -5 degrees to 115 degrees. The request as submitted was for a gym membership to reduce knee weakness. The patient's diagnosis was noted to include status post left total knee arthroplasty, 06/10/2013.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Gym membership to reduce knee weakness:** 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)

**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, Low Back Chapter, and Gym Membership

**Decision rationale:** Official Disability Guidelines do not recommend gym memberships as a medical prescription, as treatment needs to be monitored and administered by medical professionals. Gym memberships are not generally considered medical treatment and are not

covered under the Official Disability Guidelines. The request as submitted failed to indicate the duration for the request. There was a lack of the PR-2 or DWC form RFA submitted to request the service. Given the above, the request for Gym membership to reduce knee weakness is not medically necessary.