

Case Number:	CM13-0068443		
Date Assigned:	01/03/2014	Date of Injury:	03/08/2012
Decision Date:	05/30/2014	UR Denial Date:	11/15/2013
Priority:	Standard	Application Received:	12/19/2013

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 & Rehabilitation and is licensed to practice in Illinois. 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 42-year-old male who reported an injury on 03/08/2012 due to cumulative trauma while performing normal job duties. The injured worker reportedly sustained an injury to his right knee. The injured worker's treatment history included surgical intervention, bracing, a home exercise program and medications. The injured worker was evaluated on 11/05/2013. It was documented that the injured worker had a surgical scar on the right knee with no limitations in range of motion and tenderness to palpation over the patella and patellar tendon. The injured worker had decreased motor strength rated at 4/5 of the left lower extremity, and diminished patchy sensation over the right tibial tuberosity. The injured worker's diagnoses included knee pain, old disruption of the anterior cruciate ligament, chronic pain, obesity, and high foot arches bilaterally. The injured worker's treatment plan included continued use of a knee brace and a standard foot orthosis. A request was made for a gym membership for use of land based exercises to stabilize the knee and reduce weight.

IMR ISSUES, DECISIONS AND RATIONALES

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

TWELVE MONTH GYM MEMBERSHIP: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 8-9.

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

Decision rationale: Official Disability Guidelines do not recommend gym memberships as a medical prescription unless the injured worker has failed to progress through a home-based exercise program and requires equipment that cannot be supplied within the home. The clinical documentation submitted for review does not provide any evidence that the injured worker is currently participating in a home exercise program that requires additional equipment that cannot be provided within the home. Therefore, the need for a 12 month gym membership is not established. As such, the requested 12 month gym membership is not medically necessary and appropriate.