

Case Number:	CM13-0069449		
Date Assigned:	01/03/2014	Date of Injury:	04/22/2003
Decision Date:	04/21/2014	UR Denial Date:	12/02/2013
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 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 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 51-year-old female who reported an injury on 04/22/2003. The mechanism of injury was not provided for review. The patient reportedly sustained an injury to her bilateral knees. The patient ultimately underwent left knee arthroscopic surgery in 03/2004. The patient's treatment history included chiropractic care, medications, and physical therapy. The patient's most recent clinical evaluation documented that the patient had crepitus with range of motion and a positive patellar grind test. Range of motion was described as 130 degrees in flexion to 0 degrees in extension. The patient's treatment plan included a gym membership with a heated pool for rehabilitation exercises to assist with left knee quadriceps strengthening and increased range of motion of the left knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE YEAR GYM MEMBERSHIP AT [REDACTED], WITH HEATED POOL ACCESS:
Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 Chapter, Gym Memberships.

Decision rationale: The requested one year gym membership at the [REDACTED] [REDACTED] with heated pool access is not medically necessary or appropriate. Official Disability Guidelines do not recommend gym memberships as a medical prescription unless the patient has failed to progress through a home exercise program and require equipment that cannot be provided within the home. The clinical documentation submitted for review does not provide any evidence that the patient is participating in a home exercise program. Therefore, the need for a gym membership is not clearly established. As such, the requested one year gym membership at the [REDACTED] [REDACTED] with heated pool access is not medically necessary or appropriate.