

<b>Case Number:</b>	CM14-0004961		
<b>Date Assigned:</b>	02/05/2014	<b>Date of Injury:</b>	06/07/2008
<b>Decision Date:</b>	06/30/2014	<b>UR Denial Date:</b>	12/30/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/14/2014

### 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:

This is a 48-year-old female with a 6/7/08 date of injury after slipping and falling on the left knee. She is status post left knee arthroscopy with patellar chondroplasty and micro fracture lateral femoral condyle, and removal of loose bodies on 3/16/09. She was made permanent and stationary on 9/3/09. She is status post Supartz injections in 2010 with a good response and another series of 5 in 2012. She was seen on 12/16/13 with ongoing complaints of left knee pain. Exam findings revealed restricted range of motion and tenderness over the lateral and medial joint line. No effusion was noted. McMurrays test was negative; no instability was noted. The patient is noted to have an antalgic gait. Treatment t to date: Supartz injections, physical therapy, medications, TENS unit, work restriction. A UR decision dated 12/30/13 denied the request given the patient was suitable for a home exercise program alone, there was no documentation regarding specific gym equipment, and the duration of the request did not allow for frequent reassessment.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**GYM MEMBERSHIP 1 YEAR:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN TREATMENT GUIDELINES, KNEE AND LEG,

**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 Membership)

**Decision rationale:** ODG does not recommend gym memberships unless a documented home exercise program with periodic assessment and revision has not been effective and there is a need for equipment. In addition, treatment needs to be monitored and administered by medical professionals. However, there is no evidence that attempts at home exercise were ineffective. There is no evidence that the patient would require specialized equipment. There is also no indication that treatment will be administered and monitored by medical professionals. In addition, gym memberships, health clubs, swimming pools, athletic clubs, etc., are not generally considered medical treatment. Thus, the request for a 1-year gym membership was not medically necessary.