

<b>Case Number:</b>	CM14-0100183		
<b>Date Assigned:</b>	09/16/2014	<b>Date of Injury:</b>	04/06/2005
<b>Decision Date:</b>	10/23/2014	<b>UR Denial Date:</b>	06/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/30/2014

### 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 Family Medicine and is licensed to practice in California, Tennessee and Florida. 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 67 year old female whose date of injury is 04/06/05. The mechanism of injury is not provided, but the injured worker is noted to be status post left total knee arthroplasty. Most recent progress report is dated 08/20/14, indicates that the injured worker has residual bilateral knee pain with intermittent flare ups and knee cramps was documented. Current medication regimen (Cymbalta, Klonopin, Lidoderm patch) and H wave stimulation unit provides partial relief. On examination left knee extension is to -4 degrees from full range, mild peripatellar tenderness, left pes anserine tenderness, weakly positive left patellar compression test, left patellar apprehension test is positive, left anterior knee tenderness, slight left infrapatellar swelling, is grade 4/5 left quadriceps strength with pain, and 4+/5 left hamstring strength. The injured worker is noted to be compliant with a home exercise program, and is on a weight reduction program. A prior utilization review determination dated 6/23/14 resulted in denial of three month membership.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**3 Month-Membership at [REDACTED]: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Knee and Leg Procedure Summary 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), Knee, Gym memberships

**Decision rationale:** Per Official Disability Guidelines (ODG), gym memberships are not recommended unless a home exercise program has not been effective and there is a need for equipment. Moreover, treatment needs to be monitored and administered by medical professionals. The records indicate that the injured worker is compliant with a home exercise program including walking, and there is no indication that any special equipment is needed. Based on the clinical information provided, 3 Month-Membership at [REDACTED] is not medically necessary.