

<b>Case Number:</b>	CM14-0100671		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	05/13/2010
<b>Decision Date:</b>	10/30/2014	<b>UR Denial Date:</b>	06/24/2014
<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 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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic knee pain reportedly associated with an industrial injury of May 13, 2010. Thus far the applicant has been treated with the following: analgesic medications; transfer of care to and from various providers in various specialties; earlier right knee total knee arthroplasty with subsequent revision; transfer of care to and from various providers in various specialties; extensive postoperative physical therapy (over 30 sessions), per the claims administrator; and extensive periods of time off of work. In a Utilization Review Report dated June 24, 2014, the claims administrator denied a gym membership, invoking non-MTUS ODG Guidelines. In a May 16, 2014 office visit, the applicant reported persistent complaints of knee pain. The applicant had reportedly discontinued physical therapy. The applicant apparently exhibited some weakness about the right lower extremity. The applicant was asked to obtain a gym membership. A revision total knee arthroplasty was sought. In a medical-legal evaluation dated June 6, 2014, the medical-legal evaluator acknowledged that the applicant was not working and was collecting State Disability Insurance (SDI) benefits in addition to worker's compensation indemnity benefits. In earlier note dated April 28, 2014, the applicant was placed off of work, on total temporary disability. On March 26, 2014, the applicant was, once again, placed off of work, on total temporary disability, while additional physical therapy was sought.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 Year gym membership at a facility with a pool for the right knee.: 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), Knee and Leg Chapter, Gym memberships.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 83.

**Decision rationale:** As noted in the MTUS-adopted ACOEM Guidelines in Chapter 5, page 83, to achieve functional recovery, applicants must assume certain responsibilities, one of which includes adhering to and maintaining exercise regimens. The gym membership being sought by the attending provider, thus, per ACOEM, is an article of applicant responsibility as opposed to an article of payor responsibility. Therefore, the request is not medically necessary.