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| <b>Case Number:</b>   | CM14-0016422 |                              |            |
| <b>Date Assigned:</b> | 04/11/2014   | <b>Date of Injury:</b>       | 10/11/2012 |
| <b>Decision Date:</b> | 05/28/2014   | <b>UR Denial Date:</b>       | 01/30/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 02/10/2014 |

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 28-year-old male with a date of injury of 10/11/2012. The listed diagnoses per [REDACTED] are 10-week status post right knee arthroscopy, extensive synovectomy. According to report dated 01/16/2014, the patient presents with continued right knee complaints. It is noted that the patient is status post right knee arthroscopy on 11/01/2013. The patient has been participating in physical therapy and has not yet completed his 18 sessions. He is gaining range of motion and strength in his knee. Examination of the right knee revealed a slight tenderness over the anteromedial portal. There is no evidence of swelling, erythema, or significant scar formation. The treating physician recommends authorization for a 6-month gym membership for patient to continue with "gym-based home exercise program."

### IMR ISSUES, DECISIONS AND RATIONALES

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

**6 MONTH GYM MEMBERSHIP:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 299, 301.

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

**Decision rationale:** The Official Disability Guidelines (ODG) regarding gym memberships, state, "It is not recommended as a medical prescription unless a documented home exercise program with periodic assessment or revision has not been effective and there is a need for equipment. Treatment needs to be monitored and administered by medical professionals." While an individual exercise program is recommended, outcomes that are not monitored by healthcare professionals such as gym memberships or advanced home exercise equipment is not recommended and not covered under this guideline. Therefore, the request for a six month gym membership is not medically necessary and appropriate.