

<b>Case Number:</b>	CM14-0016721		
<b>Date Assigned:</b>	02/21/2014	<b>Date of Injury:</b>	09/26/1997
<b>Decision Date:</b>	06/26/2014	<b>UR Denial Date:</b>	01/28/2014
<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 Orthopaedic Surgery and is licensed to practice in Mississippi. 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 records, presented for review, indicate that this 62-year-old individual was injured in September 1997. The diagnosis is noted as localized osteoarthritis of the lower extremity and that the injured employee underwent a total knee arthroplasty in December 2013. A lack of extension is noted, and there is full flexion identified on physical examination. A course of postoperative rehabilitative physical therapy has been completed. With the February 12, 2014 physical therapy note, it is noted that 19 visits of physical therapy have been completed, the pain level was described 0/10, and there is -5/5 motor function.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**SIX (6) MONTH GYM MEMBERSHIP:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

**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, UPDATED JUNE 2014

**Decision rationale:** The MTUS does not address gym memberships; therefore, Official Disability Guidelines (ODG) parameters were used. There is no clinical indication of the need

for supervised gym activities to address this clinical situation. There is nearly normal motor function, a full range of motion (with the exception of some extension loss) and there is no reason why a home exercise protocol could not accomplish the intended goals. As such, there is insufficient clinical evidence presented to support this request.