

Case Number:	CM14-0016768		
Date Assigned:	04/11/2014	Date of Injury:	10/09/2003
Decision Date:	05/28/2014	UR Denial Date:	02/03/2014
Priority:	Standard	Application Received:	02/10/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a Physician Reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The Physician Reviewer is Board Certified in Physical Medicine & Rehabilitation, and is licensed to practice in Illinois. 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 Physician 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 60-year-old female who reported an injury on 10/09/2003. The mechanism of injury was not provided. The documentation of 01/15/2014 revealed the injured worker had a complaint of knee symptoms. Physical examination revealed the injured worker had mild edema and the right knee was moderately tender to palpation in the medial patellar joint line extending to the medial femoral condyle. The compression testing was positive. It was indicated that the injured worker was involved in a limited activity program and required a gym membership at a 24 hour fitness center for 6 months to strengthen the right knee and improve overall conditioning prior to a surgical procedure. The diagnosis was osteoarthritis, local, lower leg.

IMR ISSUES, DECISIONS AND RATIONALES

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

(6) MONTH GYM MEMBERSHIP AT 24 HOUR FITNESS FOR THE 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, LOW BACK CHAPTER.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG), KNEE & LEG CHAPTER, GYM MEMBERSHIP.

Decision rationale: The Official Disability Guidelines do not recommend gym memberships since individual exercise program outcomes are not monitored by health professionals. The documentation indicated the request was to strengthen the right knee and improve overall conditioning prior to a surgical procedure. The documentation indicated the injured worker was to have knee surgery. There was a lack of documentation of exceptional factors to warrant non-adherence to guideline recommendations. Given the above, the request for a 6 month gym membership at 24-Hour Fitness for the knee is not medically necessary.