

Case Number:	CM14-0019170		
Date Assigned:	04/23/2014	Date of Injury:	05/20/2013
Decision Date:	07/03/2014	UR Denial Date:	01/28/2014
Priority:	Standard	Application Received:	02/14/2014

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 North Carolina. 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:

This is a 26 y/o male that experienced right closed knee fracture and right anterior cruciate ligament (ACL) tear on 5/20/2013. He had right knee arthroscopy with ACL repair and posterior tibial tendon allograft on 11/5/2013. He received physical therapy both before and after the surgery. His post-operative physical therapy progress notes state that he is compliant with home exercise program and making good progress with it. The request is for 3-month gym membership.

IMR ISSUES, DECISIONS AND RATIONALES

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

GYM MEMBERSHIP FOR 3 MONTHS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines EXERCISE Page(s): 46-47.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46-47.

Decision rationale: The MTUS states that exercise is a recommended intervention for pain management and states that no single exercise program is recommended over any other program. ODG guidelines for treatment of knee pain include recommendations for home aerobic and quadriceps strengthening exercises. The ODG addresses gym memberships in the section on the treatment of low back pain and states that gym memberships are not recommended unless a

documented home exercise program has not been effective or if specialized equipment is required. The medical record does not contain any description of the failure of a home exercise program and does not describe the need for any specialized equipment. A 3-month gym membership is not medical necessary.