

<b>Case Number:</b>	CM14-0019901		
<b>Date Assigned:</b>	04/28/2014	<b>Date of Injury:</b>	06/07/2013
<b>Decision Date:</b>	07/08/2014	<b>UR Denial Date:</b>	02/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/18/2014

### 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 & Pain Management, has a subspecialty in Pain Medicine and is licensed to practice in Oklahoma and Texas. 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 injured worker is a 21-year-old female who reported an injury on 06/07/2013 due to a fall that caused a twisting motion of the left knee. The injured worker was evaluated on 12/17/2013. It was documented that the injured worker had a moderate antalgic gait, could do a deep-knee bend of approximately 50%, had a range of motion of the left knee described as 5 degrees in extension to 120 degrees in flexion, good stability, and negative McMurray test. The injured worker's diagnoses included a twisting injury of the left knee with a possible internal derangement, and a myoligamentous strain of the lumbar spine. The injured worker's treatment plan included a surgical consultation, a gym membership for 1 year, and a knee brace.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **GYM MEMBERSHIP FOR THE RIGHT KNEE FOR (1) YEAR: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee & Leg Procedure Summary.

**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 Memberships.

**Decision rationale:** California Medical Treatment Utilization Schedule does not address this request. Official Disability Guidelines do not recommend gym memberships as a medical prescription as there is no way to appropriately supervise an injured worker's progression through the exercise program. Additionally, gym memberships are not supported unless the injured worker is not able to progress through a home based self-directed exercise program and requires additional equipment that cannot be provided within the home. The clinical documentation fails to provide any evidence that the injured worker has failed to progress through a home exercise program and requires additional equipment that cannot be provided within the home. As such the requested gym membership for the right knee for 1 year is not medically necessary or appropriate.

**KNEE BRACE:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 340.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 346.

**Decision rationale:** The American College of Occupational and Environmental Medicine recommend short periods of knee bracing when there is instability of the joint in conjunction with an active restoration program. The clinical documentation does not support that the injured worker has findings of instability that would benefit from bracing. Additionally, there is no documentation to support that the injured worker is participating in any type of active therapy. As such, the requested knee brace would not be considered medically necessary or appropriate.