

Case Number:	CM14-0129490		
Date Assigned:	08/18/2014	Date of Injury:	01/30/2013
Decision Date:	10/09/2014	UR Denial Date:	08/06/2014
Priority:	Standard	Application Received:	08/13/2014

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 Occupational Medicine and is licensed to practice in Pennsylvania, Ohio, Michigan, 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 63-year-old male who sustained a 01/30/13 knee injury. The diagnosis is status post total knee arthroplasty on 03/05/2014. Active range of motion is -4 to 135. Stability is excellent. Strength is 3+ to 4-. Prior treatment includes physical therapy times 29 approximately, transcutaneous electrical nerve stimulation (TENS), ice, modified cane, and continuous passive motion (CPM) The injured worker is post arthroscopic knee surgery including: synovectomy, chondroplasty and debridement. A request was made for 3-month gym membership and was not certified on 08/06/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

3 month gym membership: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg (Acute and Chronic)

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg (Acute and Chronic)

Decision rationale: The requested 3-month gym membership is not approved according to evidence-based ODG which states: "Not recommended as a medical prescription unless a documented home exercise program with periodic assessment and revision has not been effective and there is a need for equipment." The medical record does not indicate the injured worker failed a home exercise program. Medical necessity has not been established.