

<b>Case Number:</b>	CM14-0129890		
<b>Date Assigned:</b>	08/20/2014	<b>Date of Injury:</b>	05/02/2013
<b>Decision Date:</b>	09/24/2014	<b>UR Denial Date:</b>	08/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/14/2014

### 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 Internal Medicine, Pulmonary Diseases and is licensed to practice in California. 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 54 year old male who reported an injury on 05/02/2013. The mechanism of injury was not provided. The injured worker was diagnosed with knee pain/ joint pain leg status post meniscectomy with continued pain after infection. The injured worker was treated with medications, physical therapy, and surgery. The injured worker had an unofficial MRI of the right knee on an unspecified date. The injured worker underwent a meniscectomy on the right knee on an unspecified date. The clinical note dated 07/09/2014 noted the injured worker complained of chronic right knee pain and weakness. The injured worker had limited activities of daily living and tenderness at joint line. The injured worker was prescribed hydrocodone. The treatment plan was for a gym membership. The physician recommended the injured worker go to the gym in order to reduce pain in the knee. The request for authorization was submitted for review on 07/25/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**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: Knee & Leg.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG), Knee, Gym Memberships.

**Decision rationale:** The request for gym membership is not medically necessary. The injured worker is status post right knee meniscectomy and is complaining of pain and weakness. The Official Disability Guidelines do not recommend gym memberships as a medical prescription unless a home exercise program has not been effective and there is a need for equipment, also, the injured worker's treatment needs to be monitored and administered by medical professionals. The injured worker's medical records lack documentation indicated a home exercise program was not beneficial after modification of the program. There is no indication that the injured worker is in need of specific equipment. Additionally, the duration of the gym membership is not indicated. As such, the request for gym membership is not medically necessary.