

<b>Case Number:</b>	CM14-0173076		
<b>Date Assigned:</b>	10/23/2014	<b>Date of Injury:</b>	09/20/2013
<b>Decision Date:</b>	12/03/2014	<b>UR Denial Date:</b>	10/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/20/2014

### 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 Orthopedic Surgery, 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:

44 year old male claimant who sustained a work injury reported 8-20-13. [REDACTED] saw the claimant on /2214 for follow up. Patient is post left knee arthroscopic medial meniscectomy and debridement of medial femoral condyle and has had 16 post-operative therapy sessions. The QME recommended continued conservative, rehabilitative, and physical therapy management for six months to a year. Patient continues to have left knee pain. Examination notes antalgic gait favoring the left knee. Left knee motion 0 to 130 degrees with no effusion or warmth. There is diffuse anterior medial pain with a negative Lachman's and anterior drawer. McMurray's is noted to be negative. Recommending gym program.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Associated surgical service: Gym membership x 6 months:** 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), 2014 Gym Memberships

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Gym membership

**Decision rationale:** CA MTUS/ACOEM and Chronic Pain Medical Treatment Guidelines are silent on the issue of gym membership. Alternative guidelines were utilized. According to the Official Disability Guidelines Low Back Chapter, Gym membership, "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." In this case there is lack of evidence that the claimant cannot perform a home based exercise program. Therefore, this request is not medically necessary.