

Case Number:	CM14-0021930		
Date Assigned:	05/09/2014	Date of Injury:	10/11/2006
Decision Date:	07/10/2014	UR Denial Date:	02/04/2014
Priority:	Standard	Application Received:	02/21/2014

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, has a subspecialty in Pain Management 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:

This is a patient with a date of injury of 10/11/06. A utilization review determination dated 2/4/14 suggests non-certification of a gym membership. On 12/17/13 medical report identifies pain in the right knee after a fall and significant sciatic pain as a result of altered gait. On exam, there are positive psoriatic lesions on both of the legs, right knee, mild effusion, crepitus, medial lateral joint line tenderness, and positive patellofemoral facet tenderness. Left knee flexion is to 90 degrees. The patient is status post a left total knee replacement and a right knee injection was performed. A gym membership was recommended for bilateral knee strengthening.

IMR ISSUES, DECISIONS AND RATIONALES

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

GYM MEMBERSHIP FOR STRENGTHENING OF BILATERAL KNEES X 3 MONTHS: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee Chapter, Gym membership Other Medical Treatment Guideline or Medical Evidence.

Decision rationale: The California MTUS does not specifically address the request for a gym membership for strengthening of the bilateral knees for three months. The Official Disability Guidelines states that gym memberships are not suggested 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 addition, treatment needs to be monitored and administered by medical professionals. Within the documentation available for review, there is no indication that the patient has failed a home exercise program with periodic assessment and revision. Additionally, there is no indication that the patient has been trained on the use of gym equipment, or that the physician is overseeing the gym exercise program, and while the request is noted to be for knee strengthening, there is no objective documentation of any significant knee weakness, atrophy, and so on. In the absence of such documentation, the request for a gym membership for strengthening of bilateral knees for three months is not medically necessary.