

<b>Case Number:</b>	CM14-0024370		
<b>Date Assigned:</b>	06/11/2014	<b>Date of Injury:</b>	07/26/2012
<b>Decision Date:</b>	08/01/2014	<b>UR Denial Date:</b>	02/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/26/2014

### 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, and is licensed to practice in California and Washington. 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 45-year-old female who reported an injury on 7/26/2012; the mechanism of injury was not provided within the medical records. The clinical note dated 12/30/13 indicated that the injured worker reported pain in the right knee that was intermittent. On physical examination of the right knee, the injured worker had full extension, flexion and quadriceps strength 4+; however, the injured worker reported calf and thigh soreness. The injured worker reported a history of right knee chondromalacia. The injured worker's prior treatments included diagnostic imaging, physical therapy, gym, and medication management. The injured worker's medication regimen included ibuprofen.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ADDITIONAL THREE MONTHS OF GYM MEMBERSHIP FOR THE RIGHT KNEE:**  
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.

**Decision rationale:** The Official Disability Guidelines do not recommend gym memberships 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. Plus, treatment needs to be monitored and administered by medical professionals. There is lack of documentation of efficacy and functional improvement with the prior gym membership. In addition, there is lack of evidence of a home exercise program with periodic assessments which have been modified and remained ineffective. Furthermore, the provider did not indicate a rationale for the request. Therefore, the request for gym membership is not medically necessary.