

<b>Case Number:</b>	CM14-0024484		
<b>Date Assigned:</b>	06/11/2014	<b>Date of Injury:</b>	01/02/2012
<b>Decision Date:</b>	07/15/2014	<b>UR Denial Date:</b>	02/13/2014
<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 Orthopaedic Surgery and is licensed to practice in Mississippi. 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 58-year-old male was reportedly injured on 01/02/2012. The mechanism of injury was noted as right knee "slipped out of place," while standing from a seated position. The most recent progress note, dated 1/30/2014, indicated there were ongoing complaints of right knee pain, swelling and decreased range of motion. Physical examination demonstrated slight extension laxity, varus deformity and visible effusion. An MRI of the right knee, dated 1/25/2012, demonstrated severe patellofemoral and medial compartment osteoarthritis, partial anterior cruciate ligament (ACL) tear, medial meniscus tear and large effusion. Plain radiographs of the right knee showed severe degenerative disease. Diagnoses: Right knee degenerative disc disease and morbid obesity. A request was made for a six month gym membership with weight reduction program and was not certified in the pre-authorization process on 2/13/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**SIX MONTH GYM MEMBERSHIP WITH WEIGHT REDUCTION PROGRAM:** 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): ODG -TWC:

ODG Integrated Treatment/Disability Duration Guidelines. Low Back - Lumbar & Thoracic (Acute & Chronic) - (updated 06/10/14).

**Decision rationale:** The MTUS and ACOEM do not address gym memberships. The Official Disability Guidelines (ODG) specifically recommends against the use of gym memberships. There is no clear indication that a gym membership constitutes monitored or supervised treatment by a healthcare professional. As such, in accordance with the ODG guidelines the request is considered not medically necessary.