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| Case Number: | CM14-0025955 | | |
| Date Assigned: | 06/13/2014 | Date of Injury: | 05/22/1998 |
| Decision Date: | 07/16/2014 | UR Denial Date: | 02/20/2014 |
| Priority: | Standard | Application Received: | 02/28/2014 |

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 Neuromuscular Medicine and is licensed to practice in Maryland. 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 patient is a 62-year old female who had a work injury to her low back and knees on 5/22/98. She is status post a right total knee replacement on 09/07/2012, and a left total knee replacement on 06/28/2013. She has a history of a lumbar laminectomy at L4-5 and a cervical fusion in the past. She had twenty-four (24) sessions of postoperative physical therapy (PT) after each knee surgery. She has had lumbar epidural steroid injections for her low back pain as well as medication management. There is a document dated 2/11/14 that states that the patient has generally improved after her total knee replacement. She has some decreased range of motion and stiffness. The right knee range of motion is +8 to 114 degrees and the left is +8 to 110 degrees. A 4/4/14 primary treating physician progress report states that the patient has bilateral knee pain and pain from the knee to then ankle, with sharp shooting pains and low back pain radiating down the legs to the knee. She is in physical therapy and finds it helpful. On exam her gait is antalgic with a front wheeled walker. There is no pelvic obliquity. Her hip flexion is intact. Her knee flexion on the right is 160 degrees and extension is 0 degrees. Her right knee is tender to palpation. There is swelling on the right knee. The left knee is tender to palpation with flexion of 90 degrees and extension of 21 degrees. The bilateral lower extremity (BLE) sensation is intact. The patella reflex is absent on the right and on the left. The right quadriceps is 4-/5 on right and 5/5 on left. The gastrocnemius is 5/5 bilateral. The document also states that the physical exam was reassessed with 125 degrees of flexion on the left and 120 degrees on the right. The document states that the patient has increased her flexibility by 15 degrees.

IMR ISSUES, DECISIONS AND RATIONALES

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

SIX (6) MONTH GYM MEMBERSHIP: 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 and Leg and Low back -gym membership.

Decision rationale: A six (6) month gym membership is not medically necessary per the Official Disability Guidelines. The MTUS does not specifically address gym memberships. The guidelines indicate that a gym membership is 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. Additionally this treatment needs to be monitored and administered by medical professionals. The request for a gym membership is not medically necessary. There is no documentation that the patient needs specialized equipment or that a home exercise program would not be effective. There is no documentation that the patient's current therapy has not been effective. The request for a six (6) month gym membership is not medically necessary.