MAXIMUS Federal Services

Case Number:	CM14-0026417		
Date Assigned:	06/13/2014	Date of Injury:	03/26/2004
Decision Date:	07/16/2014	UR Denial Date:	02/28/2014
Priority:	Standard	Application Received:	03/03/2014

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 Interventional Spine, 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:

The patient is a 49 year old female with an injury date of 03/26/04. Based on the 02/20/14 progress report provided by [redacted], the patient complains of pain in the left knee. He has tenderness along the lateral patella/ext mechanism. The patient is diagnosed with a left knee patella chondromalacia and ext. tendinitis. [redacted] is requesting for a personal training at an independent gym 2 x 4 1 x 4. The utilization review determination being challenged is dated 02/28/14. [redacted] is the requesting provider, and he provided three treatment reports from 09/24/13, 11/14/13, and 02/20/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

PERSONAL TRAINING AT INDEPENDENT GYM 2X4 1X4: 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 guidelines have the following regarding Gym membership (knee).

Decision rationale: According to the 02/20/14 report by [redacted], the patient presents with left knee pain. The request is for personal training at independent gym 2 x 4 1 x 4. The treating physician does not provide any rationale as to why the exercise cannot be performed at home, what special needs there are for a gym membership and how the patient is to be supervised during exercise. MTUS and ACOEM guidelines are silent regarding gym membership but the ODG guidelines state that it 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 need for equipment." In this case, there are no discussions regarding a need for a special equipment and failure of home exercise as well as why a gym is needed to accomplish the needed exercises. Recommendation is for denial. The request is not medically necessary and appropriate.