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| <b>Case Number:</b>   | CM14-0031723 |                              |            |
| <b>Date Assigned:</b> | 06/20/2014   | <b>Date of Injury:</b>       | 03/27/2004 |
| <b>Decision Date:</b> | 08/04/2014   | <b>UR Denial Date:</b>       | 02/13/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 03/12/2014 |

### 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. 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 69-year-old male who reported an injury on 03/27/2004. The mechanism of injury was not provided in the medical records. The injured worker's diagnoses include right knee pain, lumbar strain, and low back pain. Previous treatments include medications, physical therapy, and injections. With the most recent clinical note dated 04/11/2014, the injured worker had complaints of chronic right knee pain and lumbar strain. On examination of the right knee, the physician reported there was tenderness of the medial and lateral side, and painful flexion. The physician reported the injured worker had a normal gait. It was reported that patient had left knee pain rated at a 4/10 and right knee pain rated at a 2/10. The physician's treatment plan included a referral for authorization for gym exercise program for 6 months to maintain functional ability to complete his ADLs. The physician reported the injured worker continued to have pain and decreased range of motion in his bilateral knees. The current request is for Extended Gym Exercise Quantity Six and the rationale was not provided. The Request for Authorization was 06/06/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Extended Gym Exercise Quantity Six:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines.

**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, Gym memberships.

**Decision rationale:** The Official Disability Guidelines indicate that gym memberships are not recommended as a medical prescription unless a home exercise program has not been effective and there is a need for equipment. Plus, treatments need to be monitored and administered by medical professionals. The clinical documentation provided indicated the patient continued to have knee pain and decreased range of motion. However, the guidelines do not recommend gym memberships unless a home exercise program had not been effective. The clinical documentation indicated the patient had been participating in a home exercise program with increased function; therefore, the request would not be supported. As such, the request for extended gym exercise, quantity 6, is not medically necessary and appropriate.