

Case Number:	CM14-0033850		
Date Assigned:	06/20/2014	Date of Injury:	04/22/2011
Decision Date:	07/24/2014	UR Denial Date:	02/28/2014
Priority:	Standard	Application Received:	03/18/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a Physician Reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The Physician Reviewer is Board Certified in Physical Medicine & Rehabilitation and Pain Management, 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 Physician 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 58 year old female with an injury date of 04/22/11. Based on the 02/07/14 progress report provided by [REDACTED], the patient complains of pain in both her right and left knees. Moderate effusion, crepitus, and pain are noted in the right knee. Regarding the left knee, there is tenderness present about the medial, lateral, and patellofemoral joint. She is status post staged bilateral knee surgeries in 2012, left knee surgery for meniscal tears 04/20/12. She is diagnosed with osteoarthritis of the bilateral knees. [REDACTED] is requesting for a gym program for the bilateral knees (units requested). The utilization review determination being challenged is dated 02/28/14. [REDACTED] is the requesting provider, and he provided treatment reports from 09/04/13- 02/14/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gym program for bilateral knees(units requested): 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 the non-MTUS Citation: Official Disability Guidelines (ODG), knee chapter, for Gym memberships.

Decision rationale: According to the 02/07/14 report by the treating provider, the injured worker

presents with pain in both the right and left knees. The request is for a gym program for the bilateral knees (units requested). The treating provider does not provide any rationale as to why the exercise cannot be performed at home, what special needs there are for a gym program and how the injured worker is to be supervised during exercise. The MTUS and ACOEM guidelines are silent regarding gym membership but the ODG guidelines indicate 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.