

Case Number:	CM14-0035795		
Date Assigned:	06/23/2014	Date of Injury:	04/18/2011
Decision Date:	07/22/2014	UR Denial Date:	03/14/2014
Priority:	Standard	Application Received:	03/24/2014

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 53-year-old male who reported an injury on 04/18/2011. The mechanism of injury was not provided. The clinical documentation indicated that the injured work had a left total knee arthroplasty in 03/2012, a right knee arthroplasty in 11/2011, and the injured worker was doing well and his left knee had improved since exercising regularly with a gym membership he received. The injured worker indicated that his knee was stiffening up and his pain was mildly increasing and he would like to have another membership. The diagnosis included knee pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gym membership: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Gym Membership.

Decision rationale: The Official Disability Guidelines do not recommend gym memberships as a medical prescription unless a home exercise program has been ineffective and there is a need

for equipment. Gym memberships would not be generally considered medical treatment and would not be covered under the Official Disability Guidelines. There was a lack of documentation of exceptional factors to warrant non-adherence to guideline recommendations. The request as submitted failed to indicate the duration for the gym membership. Given the above, the request for a gym membership is not medically necessary.