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| Case Number: | CM14-0036449 | | |
| Date Assigned: | 06/25/2014 | Date of Injury: | 01/30/2013 |
| Decision Date: | 07/25/2014 | UR Denial Date: | 02/18/2014 |
| Priority: | Standard | Application Received: | 03/25/2014 |

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 Neurological Surgery, 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 46 year-old male injured on January 30, 2013. The mechanism of injury is not listed in the records reviewed. The most recent progress note, dated 2013, indicates that there are ongoing complaints of knee pain after surgery. The physical examination demonstrated swelling and a slight decrease in range of motion. Diagnostic imaging studies objectified intra-articular knee pathology. Previous treatment includes arthroscopic knee surgery, postoperative physical therapy and cold therapy. A request had been made for a special service/procedure (gym membership) and was not certified in the pre-authorization process on February 17, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gym membership for 2 months right knee: 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) low back chapter updated July, 2014.

Decision rationale: The California Medical Treatment Utilization Schedule (CAMTUS) guidelines do not address this particular issue. The parameters outlined in the Official Disability

Guidelines are noted. This individual sustained a knee injury, has been treated properly and there is no indication for any additional formal physical therapy or supervised interventions. As such, a specific membership in a gym facility is not medically necessary.