

<b>Case Number:</b>	CM14-0039582		
<b>Date Assigned:</b>	06/27/2014	<b>Date of Injury:</b>	05/08/2009
<b>Decision Date:</b>	09/18/2014	<b>UR Denial Date:</b>	03/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/04/2014

### 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 Occupational Medicine 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic knee pain reportedly associated with an industrial injury of May 8, 2009. Thus far, the applicant has been treated with the following: Analgesic medications; earlier knee surgery; and unspecified amounts of physical therapy over the course of the claims. In a Utilization Review Report dated March 10, 2014, the claims administrator denied a request for a gym membership, citing non-MTUS ODG Guidelines. The applicant's attorney subsequently appealed. In an earlier progress note dated June 13, 2014, the applicant reported persistent complaints of knee pain. Well preserved knee range of motion to 120 degrees is noted. The applicant did exhibit normal coordination and alignment, it was stated. A second opinion consultation was sought. On April 14, 2014, the applicant again was described as progressing well. Aquatic therapy was sought. The applicant was placed off of work, on total temporary disability. On March 3, 2014, the attending provider stated that the applicant was continuing to improve and could start going to a gym. The applicant was again placed off of work, on total temporary disability.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Gym Membership for 3 months:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES - LOW BACK CHAPTER, GYM MEMBERSHIPS.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 83.

**Decision rationale:** As noted in the MTUS-adopted ACOEM Guidelines in Chapter 5, page 83, to achieve functional recovery, applicants must assume certain responsibilities, one of which includes adhering to exercise and medication regimens. Thus, the gym membership being sought by the attending provider has been deemed, per ACOEM, an article of applicant responsibility as opposed to a matter of payer responsibility. No compelling rationale for provision of the gym membership in the face of the unfavorable ACOEM position of the same was proffered by the attending provider. Therefore, the request is not medically necessary.