

<b>Case Number:</b>	CM14-0041556		
<b>Date Assigned:</b>	06/30/2014	<b>Date of Injury:</b>	04/14/2005
<b>Decision Date:</b>	09/19/2014	<b>UR Denial Date:</b>	03/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/07/2014

### 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 ankle and knee pain reportedly associated with an industrial injury of April 14, 2005. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representations; unspecified amounts of physical therapy over the course of the claim; prior right knee meniscectomy; transfer of care to and from various providers in various specialties; and the apparent imposition of permanent work restrictions which resulted in the applicant's removal from the workplace. In a Utilization Review Report dated March 24, 2014, the claims administrator denied a request for a gym membership. In a December 29, 2006 medical-legal evaluation, it was suggested that the applicant was no longer working, owing to ongoing complaints of knee pain, ankle pain, and low back pain. In a June 12, 2014 progress note, the applicant presented with multifocal 8/10 low back, knee, and ankle pain, exacerbated by weightbearing. The attending provider complained about the inability to get articles authorized through the Workers' Compensation system. The applicant was on Vicodin, Reglan, and Colace, it was stated. The applicant's BMI was 25. The applicant apparently had a recurrent meniscal tear. It was stated that the applicant had difficulty with prolonged weightbearing activities. On April 30, 2014, the applicant was described as having 8/10 knee, ankle, and low back pain which is reportedly preventing the applicant's ability to perform exercises. On March 13, 2014, the applicant again presented with knee, ankle, low back, shoulder, and neck pain. The applicant was described as having normal muscle bulk and tone about the body parts in question with full range of motion about the injured knee. The applicant had a BMI of 25. The applicant exhibited a normal gait with normal heel and toe ambulation. Authorization was sought for a six-month gym membership. The applicant was asked to perform self-directed stretching and exercises in the interim.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**(6) Month Gym Membership:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**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 adherence to "exercise and medication regimens." The gym membership being sought by the attending provider, thus, per ACOEM, is an article of applicant responsibility as opposed to an article of payer responsibility. Accordingly, the request is not medically necessary.