

Case Number:	CM14-0048759		
Date Assigned:	06/25/2014	Date of Injury:	12/31/2001
Decision Date:	07/23/2014	UR Denial Date:	03/18/2014
Priority:	Standard	Application Received:	03/27/2014

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 Family Medicine and is licensed to practice in North Carolina. 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 patient is a 51-year-old with a reported date of injury of 12/31/2001. The patient has the diagnoses of knee strain and synovitis of the knee. Progress notes from the primary treating physician dated 01/16/2014 report that the patient continues to deteriorate in terms of pain, stiffness and swelling of the knee. The patient had failed medications and injection therapy. Physical exam showed tenderness to palpation of the knee and pain with motion. Treatment plan consisted of surgical consideration. An addendum dated 01/23/2014 notes the patient needed to be fitted for a new knee brace and the physician recommended physiotherapy. An addendum dated 03/12/2014 notes that physical therapy had been denied so the physician recommended a gym membership so the patient could continue an exercise program.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 year gym membership: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg (acute and chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) knee and leg, gym membership.

Decision rationale: While the California MTUS chronic pain section and the ACOEM do not specifically address gym membership in the treatment of chronic pain, the Official Disability Guidelines do address it. Gym membership is recommended when a home exercise program has not been effective and there is a need for equipment. The recommendation further points out that the membership needs to be administered by a medical professional. There is no documentation provided that meets these guideline criteria and thus the service is not medically necessary.