

Case Number:	CM14-0049530		
Date Assigned:	07/02/2014	Date of Injury:	03/25/2008
Decision Date:	09/18/2014	UR Denial Date:	03/21/2014
Priority:	Standard	Application Received:	04/15/2014

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 injured worker is a female with date of injury 3/25/2008. Per clinical encounter summary dated 3/12/2014, the injured worker has bilateral knee pain, left worse than right. The pain radiates to entire left leg. The pain is described as aching, cramping, sharp and stabbing, and is rated at 7/10, mild pain. The pain is constant, but varies in intensity. She reports bilateral knee swelling, stiffness and tenderness. She states that she is mostly using a wheelchair to get around. She cannot walk more than block due to knee pain, particularly in the left. She finished a course of aqua therapy and reports that it improved her walking speed and endurance in the water. It also improved her knee range of motion. She is still unable to transition much of this exercise and cardiovascular activity on land due to pain. She is doing some exercises and stretches at home. She uses a walker at times to exercise. On examination she is morbidly obese in wheelchair. She has moderate distress and is tearful during the appointment. She appears anxious and depressed. She has a forward flexed body posture. The patient's diagnoses include an old medial collateral ligament disruption, osteoarthritis of knee, joint pain in ankle and foot, degeneration of intervertebral disc, depressive disorder and psychalgia.

IMR ISSUES, DECISIONS AND RATIONALES

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

GYM MEMBERSHIP 1 YEAR, GYM MEMBERSHIP FOR A GYM WITH ACCESS TO A HEATED POOL: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Knee Complaints and Aquatic Therapy. Decision based on Non-MTUS Citation Official Disability Guidelines - Knee and Leg.

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 section.

Decision rationale: The MTUS Guidelines do not address gym memberships. The ODG does not recommend gym memberships as a medical prescription unless a documented home exercise program with periodic assessment and revision has not been effective and there is a need for equipment. Treatment needs to be monitored and administered by medical professionals. While an individual exercise program is recommended, more elaborate personal care where outcomes are not monitored by a health profession is not recommended, although temporary transitional exercise programs may be appropriate for patients who need more supervision. With unsupervised programs there is no information flow back to the provider, so he or she can make changes in the prescription, and there may be risk of further injury to the patients. The request for gym membership 1 year, gym membership for a gym with access to a heated pool is determined to not be medically necessary.