

<b>Case Number:</b>	CM14-0053551		
<b>Date Assigned:</b>	07/07/2014	<b>Date of Injury:</b>	05/21/2011
<b>Decision Date:</b>	08/15/2014	<b>UR Denial Date:</b>	04/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/22/2014

### 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 Physical Medicine & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 29-year-old female with a reported date of injury on 05/21/2011. The mechanism of injury was not submitted within the medical records. Her diagnosis was noted to include left knee micro fracture. Her previous treatments were noted to include a home exercise program and medications. The progress note dated 12/20/2013 revealed the injured worker complained of left knee pain based on activity level with occasional popping. The injured worker indicated rest did not help and she had been taking naproxen as needed. The injured worker revealed she had gallbladder surgery and had to limit her exercise due to the gallbladder surgery. The physical examination revealed the gait within normal limits and the knee had no effusion noted. The range of motion was noted to be 0 degrees to 120 degrees with a negative McMurray. The provider also indicated the left quadriceps had slight weakness noted. The progress note dated 03/24/2014 revealed the injured worker complained of some left knee pain with popping. The injured worker indicated the pain was worse with increasing activity and running and that she still had morning stiffness. The physical examination revealed tenderness to palpation on the left knee with some crepitus. No effusion was noted and the left lower extremity had 4/5 motor strength. The provider indicated the injured worker was to continue her home exercise program. The Request for Authorization form was not submitted within the medical records. The request for a gym membership is for rehabilitation per the AME.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Gym membership for rehabilitation per AME: 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 (updated 03/31/14) Gym memberships.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**Decision rationale:** The request for gym membership for rehabilitation per AME is not medically necessary. The injured worker has been participating in a home exercise program. The Official Disability Guidelines do not recommend gym memberships as a medical prescription unless a home exercise program has not been effective and there is a need for equipment. Plus, treatment needs to be monitored and administered by medical professionals. While an individual exercise program is of course recommended, more elaborate personal care where outcomes are not monitored by health professionals, such as gym memberships or advanced home exercise equipment may not be covered under this guideline, although temporary transitional exercise programs may be appropriate for patients who need more supervision. The guidelines do not recommend gym memberships as they are not able to be monitored and administered by medical professionals. Therefore, the request is not medically necessary.