

<b>Case Number:</b>	CM14-0061700		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	07/22/1992
<b>Decision Date:</b>	11/14/2014	<b>UR Denial Date:</b>	04/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/02/2014

### 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 and is licensed to practice in Texas. 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:

Medical Records reflect the claimant sustained a work injury on 7-22-92. Office visit on 10-3-14 notes the claimant has left knee pain, diffuse. She has associated instability. She has difficulty walking, sleeping and performing her ADL's. The claimant has been treated with NSAIDs, cane, physical therapy, intraarticular injections, and modified activities. Her pain persists. On exam, the claimant weighs 143 lbs. She has valgus deformity, 2+ effusion, range of motion is 5-85 degrees. She has pain, crepitus and guarding. The evaluator recommended a total knee replacement.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Purchase of [REDACTED] Gym Membership for Aquatic Independent Exercises:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Chapter Low Back

**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 memberships

**Decision rationale:** ODG notes that gym memberships are not recommended 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. 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 a health professional, 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. 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 patient. Gym memberships, health clubs, swimming pools, athletic clubs, etc., would not generally be considered medical treatment, and are therefore not covered under these guidelines. There is an absence in documentation noting that this claimant cannot tolerate a land based/home exercise program. It is noted she has failed prior physical therapy. Therefore, the medical necessity of this request is not established. The request is not medically necessary.