MAXIMUS Federal Services

Case Number:	CM14-0068357		
Date Assigned:	07/14/2014	Date of Injury:	09/29/1993
Decision Date:	09/11/2014	UR Denial Date:	05/01/2014
Priority:	Standard	Application Received:	05/13/2014

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:

This is a 47-year old female with a 9/29/93 date of injury; the mechanism of the injury was not described. The patient underwent left knee arthroscopic repair on 10/12/12. The progress note dated 4/16/14 stated that the patient benefited from going to the gym and that she was performing several different exercises including aqua therapy, which increased the range of motion in her extremities and alleviated her pain. The patient was seen on 4/24/14 for the follow up visit. She stated that her left knee was improving, her swelling was down and that she had problems with her right knee. The patient was going to the gym almost every day. Exam findings revealed minimal effusion in the left knee with almost full flexion. The examination of the right knee revealed mild anteroposterior laxity, medial joint tenderness and positive flick, Apley and McMurray tests. The diagnosis is lumbago, lumbar degenerative disc disease, status post left knee arthroscopy and occipital neuralgia. Treatment to date: physical therapy, H-wave, compound cream and medications. An adverse determination was received on 5/1/14 given that there was a lack of documentation of home exercise program with periodic assessment, revision if it has not been effective and no documentation indicating if there was a need for the equipment.

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, Low Back Chapter, 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) (Low Back Chapter, Gym Membership).

Decision rationale: CA MTUS does not address this issue. ODG does not recommend gym memberships unless a documented home exercise program with periodic assessment and revision has not been effective and there is a need for equipment. In addition, treatment needs to be monitored and administered by medical professionals. The progress note dated 4/14/14 stated that the patient was going to the gym and benefited from it. However, there is no evidence that she attempted exercises at home and that they were ineffective. There is a lack of documentation indicating that the patient would require specialized equipment. There is also no indication that treatment will be administered and monitored by medical professionals. In addition, gym memberships, health clubs, swimming pools, athletic clubs, etc., are not generally considered medical treatment. Therefore, the request for 1 Year Gym Membership is not medically necessary.