

Case Number:	CM14-0073090		
Date Assigned:	07/16/2014	Date of Injury:	06/29/2011
Decision Date:	09/12/2014	UR Denial Date:	05/14/2014
Priority:	Standard	Application Received:	05/20/2014

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 Interventional Spine 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 patient is a 66-year-old female with a date of injury of 06/29/2011. The listed diagnoses per [REDACTED] are: 1. Morbid obesity. 2. Chronic pain syndrome. 3. Meniscal tear. 4. Status post arthroscopy with partial medial meniscectomy, left knee. 5. Osteoarthritis of the left knee. This patient is status post arthroscopy with partial medial meniscectomy and synovectomy of the patellofemoral plica of left knee in 2012. According to progress report 05/05/2014, the patient continues to have left knee pain and has 1 more session of aqua therapy left. Examination revealed antalgic gait without the use of assistive device. Bony changes of both knees with mild swelling, ROM within functional limits, and moderate tenderness on palpation of the medial knee was noted. Treater states the patient's obesity contributes to patient's pain and losing weight will most likely help him in the long term. He is recommending gym membership for 3 months for water-based exercises and to continue with a strengthening program. Utilization review denied the request on 05/14/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

3 month gym membership for water based exercise (2x per week): Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG guidelines have the following regarding Gym membership (knee): Not recommended 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 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. For more information on recommended treatments, see Physical therapy (PT) & Exercise. See also the Low Back Chapter. ODG guidelines have the following regarding gym membership (shoulder): Not recommended 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 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. For more information on recommended treatments, see Physical therapy (PT) & Exercise. See also the Low Back Chapter. ODG guidelines on Gym membership for low back chapter: 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. For more information on recommended treatments, see Physical therapy (PT) & Exercise.

Decision rationale: This patient continues to have left knee pain. The treater is requesting 3 month gym membership for water-based exercises. Physical therapy progress note from 05/02/2014 indicates the patient is participating actively in aquatic therapy. The patient continues to respond well to treatment with reduced pain in aquatics and notes greater ability to perform functional activities without an increase in pain. Physical therapist notes patient is to continue plan of care. Regarding gym membership, ODG Guidelines only allow in cases where 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. In this case, continuation of water based exercises in a gym setting appears reasonable given the patient's extreme obesity and knee problems. Both of these issues would pose a challenge for land-based exercises. The request for 3 months trial of gym membership appear reasonable. The treater must provide medical supervision of the patient's

exercise program and report of progress. Recommendation is for authorization. The request is medically necessary.