

Case Number:	CM14-0073548		
Date Assigned:	07/16/2014	Date of Injury:	04/06/2011
Decision Date:	09/15/2014	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 Orthopedic surgery 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 claimant is a 61-year-old gentleman who injured his right knee on 04/06/11. The records provided for review include a 05/05/14 progress report documenting that the claimant had finished a recent course of physical therapy and was working on a home exercise program. Physical examination showed 5 to 119 degrees range of motion with minimal crepitation, medial joint line tenderness to palpation, and no effusion. The records documented that the claimant is status post right knee arthroscopy on 12/20/13; the intraoperative findings were not noted. The recommendation was made for a one year gym membership for continued strengthening and conditioning for this individual.

IMR ISSUES, DECISIONS AND RATIONALES

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

1-year membership to a Health Club for Right Knee: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation General Approach to Initial Evaluation and Assessment, low back procedure -.

Decision rationale: Based on California American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Guidelines regarding personal risk modification and supported by Official Disability Guidelines, the request for a gym membership would not be medically necessary. ACOEM Guidelines indicate that aerobic fitness has other benefits outside of the course of specific injuries which would promote healthy lifestyle and overall generalized health and well-being. At present there is no acute clinical indication to support a gym membership as a necessary part of a medical treatment regimen. A gym membership would be considered a lifestyle decision outside the context of the claimant's work related injury. The request for a one year health membership in direct relationship to this claimant's right knee injury would not be supported.