

Case Number:	CM14-0078072		
Date Assigned:	07/18/2014	Date of Injury:	01/06/2012
Decision Date:	08/25/2014	UR Denial Date:	05/02/2014
Priority:	Standard	Application Received:	05/28/2014

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 and Rehabilitation and is licensed to practice in Illinois. 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 65-year-old male who reported an injury on 01/06/2012, caused by unspecified mechanism. The injured worker's treatment history included failed physical therapy sessions and medication. The injured worker was evaluated on 07/08/2014 and it was documented that the injured worker complained of bilateral knee pain on the right more than the left, pain radiates to the lower extremities. He reports difficulty sleeping due to his low back and knee pain. Objective findings revealed right and left knee sprain, bilateral knee condition, chronic. The provider noted the injured worker has tried medication and reported no side effects from medication, and without medication he feels he would not be able to walk. The provider noted that it is medically necessary for the injured worker to receive a gym membership to help aid, control and leave his condition, which developed secondary to his injury. The goal of treatment is to improve functional restoration and reduce pain. Diagnoses included right knee SP, left knee SP, and HX of hypertension. The provider failed to indicate medications and outcome measurements for the injured worker while on medications. The Request for Authorization dated for 04/22/2014 was for gym membership, bilateral knees, and the rationale was the injured worker may benefit from a trial gym membership for strength due to failure with physical therapy of 18 visits.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trial Gym Membership for bilateral knees: 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 Official Disability Guidelines (ODG) Knee & Leg (Acute & Chronic) Gym Memberships.

Decision rationale: The requested is not medically necessary. According to the Official Disability Guidelines (ODG) does not recommend gym memberships as a medical 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. The documents submitted 07/08/2014 indicated the injured worker had failed 18 sessions physical therapy however, the provider failed to submit documentation indicating outcome measurements for those sessions. In addition, there was lack of evidence of failed home exercise regimen, medications and long-term functional goals for the injured worker. The request failed to indicate frequency and duration of membership. Given the above, the request for a trial gym membership for bilateral knees is not medically necessary.