

Case Number:	CM14-0078553		
Date Assigned:	07/18/2014	Date of Injury:	01/11/2005
Decision Date:	09/19/2014	UR Denial Date:	05/22/2014
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 Nevada. 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 records presented for review indicate that this 55-year-old gentleman was reportedly injured on January 11, 2005. The mechanism of injury is not listed in these records reviewed. The most recent progress note, dated May 5, 2014, indicates that there are ongoing complaints of left knee pain. The physical examination demonstrated good motion of the bilateral knees and improving quadriceps strength. There was tenderness over the medial patellar facet of the left knee. Diagnostic imaging studies of the right knee revealed a prosthesis in good position. Previous treatment includes a right knee total knee arthroplasty and a lumbar spine medial branch radiofrequency nerve ablation. A request had been made for a gym membership and was not certified in the pre-authorization process on May 22, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gym Program: Upheld

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), Shoulder, Gym Membership, Updated August 27, 2014.

Decision rationale: According to the Official Disability Guidelines a gym membership is not recommended as a medical prescription unless a home exercise program has not been effective and there is need for additional equipment. Additionally, treatment in a gym environment needs to be monitored and administered by medical professionals. According to the attached medical record there is no documentation that home exercise program is ineffective or in adequate. Considering this, the request for a gym program is not medically necessary.