

<b>Case Number:</b>	CM14-0080188		
<b>Date Assigned:</b>	07/18/2014	<b>Date of Injury:</b>	03/07/2009
<b>Decision Date:</b>	08/18/2014	<b>UR Denial Date:</b>	05/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/30/2014

### 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, 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 58 year old female with an injury date of 03/07/09. Based on the 04/30/14 progress report provided by [REDACTED], the patient complains of right knee pain. She underwent a right knee medial meniscectomy and chondroplasty of the medial femoral condyle on 04/28/14. She also had an A1 pulley trigger finger release on 10/07/13. She continues to have substantial swelling at the hand. The 5/13/14 report states that the patient's injury has caused her to have depression. Her diagnoses include the following: Cervicalgia, Right arm C6, radiculopathy, Bilateral shoulder pain, Bilateral chondromalacia patella, Right third trigger finger, Lumbago, Spondylolisthesis at L5-S1, Right S2 radiculopathy. [REDACTED] is requesting for a six month program membership at [REDACTED] gym. The utilization review determination being challenged is dated 05/19/14. [REDACTED] is the requesting provider, and he provided treatment reports from 12/18/13- 06/25/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Six month program membership at [REDACTED] gym.:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS ODG guidelines, Gym membership (knee).

**Decision rationale:** According to the 04/30/14 report by [REDACTED], the patient complains of right knee pain. The request is for a six month program membership at [REDACTED] gym for weight loss and course strengthening in an effort to treat and cure her condition. The treater does not provide any rationale as to why the exercise cannot be performed at home, what special needs there are for a gym membership and how the patient is to be supervised during exercise. The MTUS and ACOEM guidelines are silent regarding gym membership but the ODG guidelines state that it is not recommended as a medical prescription unless a documented home exercise program with periodic assessment and revision has not been effective and there is need for equipment. In this case, there are no discussions regarding a need for a special equipment and failure of home exercise as well as why a gym is needed to accomplish the needed exercises. The request is not medically necessary.