

Case Number:	CM14-0085097		
Date Assigned:	07/18/2014	Date of Injury:	04/03/2007
Decision Date:	08/26/2014	UR Denial Date:	05/05/2014
Priority:	Standard	Application Received:	06/02/2014

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, 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 patient is a 37-year-old male who reported an injury on 04/03/2007. The mechanism of injury was listed as a slip and fall. Surgical history of the injured worker included a 2 level L4-5 and L5-S1 positive discogram. The clinical visit on 04/11/2014 noted that the injured worker continued a gym membership while attending at least 3 times per week. It was noted that this allowed the injured worker to continue his weight loss, in which previously it was noted that he weighed 205 pounds and reduced his weight to 180 pounds with known benefit to decrease forces on his right knee. It was noted with the gym membership that the injured worker utilized aquatic therapy, Jacuzzi, hot tub and treadmill; modalities he does not have access to otherwise. It was further noted that the injured worker had injections with ultrasound guidance into the right knee in 2012. The physical exam of right knee was noted to have no effusion; however, had exquisite pain with direct palpation along the medial joint line was reported. Range of motion was listed as 0 to 130 degrees, positive bounce home test, positive McMurray's, anterior drawer was negative, posterior drawer was negative. Lastly, there was no documented instability or pain with crepitation with patellofemoral compression. The listed diagnoses for the injured worker were right medial meniscus tear, right patellar tendinitis and right medial femoral condylar OCD. The Request for Authorization was not provided within the submitted medical records.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gym Membership for six months: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 299. Decision based on Non-MTUS Citation Official Disability Guidelines-Knee Chapter, Lumbar Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), Gym memberships.

Decision rationale: The request for gym membership for 6 months is not medically necessary. The California MTUS Guidelines do not specifically address gym memberships and secondary guidelines were sought. The Official Disability Guidelines state that gym memberships are not recommended as a medical prescription unless a documented home exercise program with periodic assessments and revisions has not been effective and there is a need for equipment. It is also noted that with unsupervised programs, there is no information flow back to the provider so that he or she can make changes in the prescription, and there may be risk of further injury to the patient. Additionally, the guidelines state that treatment needs to be monitored and administered by a medical professional and while an individual exercise program is of course recommended, more elaborate personal care with outcomes are not monitored by health professionals, 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. Despite the injured worker having documented weight loss and utilization of certain gym equipment, the guidelines do not recommend the request as there is no documentation of a failed home exercise program coupled with the increased risk of the injured worker reinjuring himself due to no supervision documented while attending a gym. Therefore, the request is not medically necessary.