

Case Number:	CM14-0091871		
Date Assigned:	07/25/2014	Date of Injury:	07/30/2010
Decision Date:	10/15/2014	UR Denial Date:	06/10/2014
Priority:	Standard	Application Received:	06/17/2014

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 Emergency Medicine, has a subspecialty in Emergency Medical Services and is licensed to practice in Texas. 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 58-year-old female who reported an injury on 07/30/2010. The mechanism of injury was not submitted for clinical review. The diagnoses included internal derangement of the knee, tear of the lateral meniscal knee. The previous treatments included medication and surgery. Upon physical examination dated 07/02/2014, it was reported the injured worker complained of lower back and left knee pain. She complained the lower back pain radiated into the left with left knee pain. She rated her pain 9/10 in severity. Upon physical examination, the provider noted the injured worker had diminished sensation. There was tenderness at the paravertebral muscles of the lumbar spine. The lumbar spine flexion was noted to be at 40 degrees. The request submitted if for a gym membership for home exercise for 90 days. However, a rationale was not submitted for clinical review. The Request for Authorization was not submitted for clinical review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gym membership for home exercise for 90 days: Upheld

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

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, Gym Membership

Decision rationale: The request for a gym membership for home exercise for 90 days is not medically necessary. The Official Disability Guidelines do not recommend a gym membership as a medical prescription unless a documented home exercise program with periodic assessment and revision has not been effective and there is a need for equipment. Plus, treatment needs to be monitored and administered by the medical professionals. While the individual exercise program is of course recommended, more elaborate personal care for outcomes are mentioned by a healthcare professional, such as a gym membership or advanced home exercise equipment, may not be covered under this guideline, although temporary transitional exercise programs may be appropriate for the patient who needs more supervision. Gym memberships, health clubs, swimming pools, and athletic clubs would not generally be considered medical treatment and therefore, are not covered under the guidelines. There is a lack of documentation indicating the injured worker had participated in a home exercise program with a periodic assessment and revision which had been effective. The documentation submitted failed to provide an adequate clinical rationale as to the ineffective home exercise program or the need for specific gym equipment. Therefore, the request is not medically necessary.