

Case Number:	CM14-0095903		
Date Assigned:	07/25/2014	Date of Injury:	01/09/1990
Decision Date:	10/01/2014	UR Denial Date:	06/11/2014
Priority:	Standard	Application Received:	06/24/2014

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 65 year old gentleman was reportedly injured on January 19, 1990. The mechanism of injury is undisclosed. The most recent progress note, dated January 9, 2014, indicated that there were ongoing complaints of right knee pain with occasional swelling, tenderness, and popping. The injured employee has been using a bicycle for therapy. The physical examination demonstrated slight genu varum of the right knee and medial joint line tenderness, positive McMurray's test and a negative Lockman's test as well as negative pivot shift test. Diagnostic imaging studies revealed arthritic changes at the patellofemoral joint and subchondral sclerosis, and spurring at the medial compartment. Previous treatment is unknown. A request was made for a gym membership for self-directed physical therapy and was not certified in the preauthorization process on June 11, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gym membership for self-directed physical therapy times 1 year.: Upheld

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

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 and cannot be self-directed. According to the medical record, there is no documentation that home exercise program is ineffective or inadequate. Considering this, the request for a gym membership is not medically necessary.