

Case Number:	CM14-0111872		
Date Assigned:	08/01/2014	Date of Injury:	08/20/1996
Decision Date:	03/11/2015	UR Denial Date:	07/16/2014
Priority:	Standard	Application Received:	07/17/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Ohio, North Carolina, Virginia
 Certification(s)/Specialty: Family Practice

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 54 year old male, who sustained an industrial injury on 8/20/96. He has reported right knee injury. The diagnoses have included knee pain, cervical radiculopathy, cervical facet syndrome, depression, spasm of muscle and patellofemoral syndrome. Treatment to date has included medications, pain management, lumbar facet infections (excellent relief), trigger point injections, physical therapy, acupuncture, chiropractic, TENS unit, exercise and right knee patellar tendon debridement; chondroplasty of patella and lateral tibial plateau. Currently, the IW complains of neck and right knee pain and poor sleep quality. Progress note dated 7/16/14 revealed limited range of motion of cervical spine and right knee, and tenderness to palpation over the lateral joint line, medial joint line and pain in the popliteal fossa of right knee. He is currently using Norco 4 tablets per day for pain control and doesn't feel it is enough. On 7/16/14 Utilization Review non-certified a 6 month gym membership for neck and right knee pain as an outpatient, noting 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 a need for equipment. Non- MTUS, ACOEM Guidelines, was cited. On 7/17/14, the injured worker submitted an application for IMR for review of 6 month gym membership for neck and right knee pain as an outpatient.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 Gym Membership for 6 months for neck and right knee pain as an outpatient: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee, Gym Memberships

Decision rationale: Gym memberships are not recommended as a medical prescription unless a home exercise program has not been effective and there is a need for equipment. Plus, treatment needs to be monitored and administered by medical professionals. While an individual exercise program is of course recommended, more elaborate personal care where outcomes are not monitored by a health professional, 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. In this instance, the injured worker has been instructed in a home stretching program. The treating physician does not state that this has been ineffective or that there is a need for specialized equipment. As such, a gym membership for 6 months for neck and right knee pain as an outpatient is not medically necessary.