

Case Number:	CM14-0122483		
Date Assigned:	09/23/2014	Date of Injury:	05/17/2012
Decision Date:	07/15/2015	UR Denial Date:	07/22/2014
Priority:	Standard	Application Received:	08/04/2014

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 34 year old male, who sustained an industrial injury on May 17, 2012. The injury occurred when the injured worker miss-stepped while lifting a scaffolding base with a coworker. The injured workers knee bent backwards. The diagnoses have included anterior cruciate ligament strain/tear left knee, left knee chondromalacia patella, lumbar spine strain, chronic pain, discogenic lumbar condition, internal derangement of the right knee, insomnia and major depressive disorder. Treatment to date has included medications, radiological studies, MRI, psychological assessment, a transcutaneous electrical nerve stimulation unit, physical therapy, group psychotherapy, transcranial magnetic stimulation treatments, individual psychotherapy, a home exercise program and left knee surgery. Current documentation dated June 23, 2015 notes that the injured worker reported ongoing low back pain and knee pain. The injured worker also noted gastritis, anxiety and depression. Examination revealed tenderness of the paraspinal muscles and pain along the facets and with facet loading. Examination of the knees revealed pain with full extension and flexion and pain across the joint lines. The treating physician's plan of care included a request for a 3 month trial gym membership.

IMR ISSUES, DECISIONS AND RATIONALES

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

Three (3) month trial gym membership: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Low Back Chapter, Gym Memberships.

Decision rationale: The patient presents on 06/23/15 with unrated lower back pain, especially above the right buttock. The patient's date of injury is 05/17/12. Patient has no documented surgical history directed at this complaint. The request is for THREE (3) MONTH TRIAL GYM MEMBERSHIP. The RFA was not provided. Physical examination dated 06/23/15 reveals tenderness to palpation of the lumbar paraspinal muscles, pain along the lumbar facets with facet loading noted, tenderness to palpation of the joint lines of the bilateral knees with pain elicitation upon extension and flexion. The patient is currently prescribed Norco, Ultracet, Topamax, Effexor, Trazodone, and Flexeril. Patient is currently not working. ODG guidelines, under Gym Memberships, Low Back, state : "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. 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. With unsupervised programs there is no information flow back to the provider, so he or she can make changes in the prescription, and there may be risk of further injury to the patient. Gym memberships, health clubs, swimming pools, athletic clubs, etc., would not generally be considered medical treatment, and are therefore not covered under these guidelines." In regard to the request for 3 months of gym membership, such unsupervised memberships are not considered an appropriate medical intervention. ODG does not support gym memberships as a medical treatment as there is no professional medical oversight to establish goals and monitor progression. Additionally, there is no documentation as to the failure of home- based/self-directed exercise programs to produce results. Therefore, the request IS NOT medically necessary.