

Case Number:	CM14-0160702		
Date Assigned:	10/06/2014	Date of Injury:	04/02/2012
Decision Date:	01/02/2015	UR Denial Date:	09/30/2014
Priority:	Standard	Application Received:	09/30/2014

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 California. 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 58 year old male who sustained a work related injury on April 2, 2012 as a carpenter when he stepped on a piece of concrete and twisted his left knee backwards. According to the Agreed Medical Evaluation (AME) on June 12, 2014 and the Neurological AME on June 24, 2014, the injured worker has had multiple dates of injury including a cumulative trauma in 1986 through August 2, 2012 requiring left knee surgery and a right ankle fusion. Current diagnoses include osteoarthritis of the left knee and right ankle, and sleep disturbance due to pain. The injured worker has received conservative treatments, physical therapy, three visco-supplement injections to the left knee, pain medication, and anti-inflammatory medication. On May 8, 2013, the injured worker underwent an extensive synovectomy of three compartments, chondroplasty of the patellofemoral joint of the medial and lateral compartments, partial medial and lateral meniscectomy for degenerative arthritis of the left knee with medial and lateral meniscus tears. According to the treating physician's progress report of June 26, 2014, the injured worker joined the [REDACTED] for water aerobics and swimming classes with noted weight reduction and improved ambulation. The provider documented full range of motion with moderate degree of crepitation of the left knee and some edema to the right ankle. The injured worker remains on Vicodin and ibuprofen and work status is deemed permanent and stationary. The treating physician has requested a Gym Membership (Months) Quantity: 6. On September 30, 2014 the Utilization Review denied certification for the prescription for a Gym Membership for 6 months based on the Official Disability (ODG) -Treatment in Workman's Compensation (TWC); Integrated Treatment/Disability Duration Guideline criteria not being met.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gym Membership 6 months: 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), ODG-TWC; ODG Treatment Integrated Treatment/Disability Duration Guidelines, Low Back Chapter, Gym Membership

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

Decision rationale: The patient presents with osteoarthritis of the left knee and right ankle and sleep disturbance due to pain. The current request is for a gym membership, six months. The MTUS guidelines do not address gym memberships. The ODG guidelines do not recommend gym memberships 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. There is nothing in the medical reports reviewed to support this request. Recommendation is for denial.