

Case Number:	CM14-0179219		
Date Assigned:	11/03/2014	Date of Injury:	10/16/2012
Decision Date:	01/02/2015	UR Denial Date:	10/10/2014
Priority:	Standard	Application Received:	10/28/2014

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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 55-year-old man who sustained a work-related injury on October 16, 2012. Subsequently, he developed chronic knee pain. MRI of the knee dated November 26, 2012 documented complete disruption of the femoral attachment of the anterior cruciate ligament of the right knee with associated subchondral edema primarily involving the lateral tibial plateau, and to a lesser degree, laterals femoral condyle. There was tear of the femoral attachment of the medial collateral ligament of the right knee with associated fusion and minimal adjacent subchondral edema of the medial femoral condyle. Prior treatment included: knee brace, medications, 3 right knee intra-articular injections (with no help), and physical therapy sessions (with no help). The patient had completed a functional restoration program and had dropped the opioid medications by 80% since the start of the program. According to the progress report dated September 22, 2014, the patient reported ongoing right knee pain. Examination of the right knee revealed no instability in anterior drawer testing or posterior testing. There was pain with palpation of the right medial pes anserine bursa. The complete knee flexion caused pain. The patient was diagnosed with right knee pain, right medial collateral ligament dysfunction, right pes anserine bursa, and chronic pain syndrome. The provider request authorization for gym membership so that the patient could do his exercise program without difficulty as the terrain outside the house was uneven and the patient was worried about falling.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gym membership, 3 months, per 09/22/14 note. Qty: 1.00: 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)

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 - Lumbar & Thoracic (Acute & Chronic), Gym memberships
(http://www.worklossdatainstitute.verioiponly.com/odgtwc/low_back.htm#SPECT)

Decision rationale: According to MTUS guidelines there is strong evidence that exercise programs, including aerobic conditioning and strengthening, are superior to treatment programs that do not include exercise. There is no sufficient evidence to support the recommendation of any particular exercise regimen over any other exercise regimen. A therapeutic exercise program should be initiated at the start of any treatment or rehabilitation program, unless exercise is contraindicated. Such programs should emphasize education, independence, and the importance of an on-going exercise regime. According to ODG guidelines, Gym memberships it's 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. The request does not address who will be monitoring the patient Gym attendance and functional improvement. In addition, there is no clear documentation of the failure of supervised home exercise program or the need for specific equipment that is only available in Gym. Therefore, the request for one (1) gym membership is not medically necessary.