MAXIMUS Federal Services

Case Number:	CM14-0187156		
Date Assigned:	11/17/2014	Date of Injury:	10/23/2003
Decision Date:	01/05/2015	UR Denial Date:	10/06/2014
Priority:	Standard	Application Received:	11/10/2014

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 Orthopedic Surgery, has a subspecialty in Spine Surgery 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:

According to the records made available for review, this is a 35-year-old female with a 10/23/03 date of injury. At the time (9/23/14) of request for authorization for 6 Months Gym Membership, there is documentation of subjective (left knee pain) and objective (decreased left knee range of motion) findings, current diagnoses (chondromalacia of patella and lower extremity pain), and treatment to date (physical therapy and medications). Medical report identifies a request for gym membership to continue home exercise program with the use of equipment at the gym to maintain strength. There is no documentation that treatment is monitored and administered by medical professionals.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 Months Gym Membership: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM https://www.acoempracguides.org/Knee Table 2 Summary of Recommendations Knee Disorders

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Exercise Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Gym Membership

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies that exercise programs, including aerobic conditioning and strengthening, are superior to treatment programs that do not include exercise. ODG identifies documentation that a home exercise program with periodic assessment and revision has not been effective, there is a need for equipment, and that treatment is monitored and administered by medical professionals, as criteria necessary to support the medical necessity of gym membership. Within the medical information available for review, there is documentation of diagnoses of chondromalacia of patella and lower extremity pain. In addition, there is documentation of a request for gym membership to continue home exercise program with the use of equipment at the gym to maintain strength. However, there is no documentation that treatment is monitored and administered by medical professionals. Therefore, based on guidelines and a review of the evidence, the request for authorization for 6 Months Gym Membership is not medically necessary.