MAXIMUS Federal Services

Case Number:	CM14-0195851		
Date Assigned:	12/19/2014	Date of Injury:	08/15/2001
Decision Date:	02/25/2015	UR Denial Date:	11/17/2014
Priority:	Standard	Application Received:	11/21/2014

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 & Rehabn

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 51 year old female with an injury date on 8/15/01. The patient has no subjective pain complaints per review of reports dated 11/5/13 to 1/13/15. The patient receives a new left knee brace which helps per 10/27/14 report. The patient has a new pain management doctor, [redacted] per 10/27/14 report. Based on the 10/27/14 progress report provided by the treating physician, the diagnosis is s/p 3/30/04 left knee repeat arthroscopy with history of 9/3/02 arthroscopy with partial medial and lateral meniscectomy/synovectomy/chondroplasty with plica excision, lateral release and post-operative residual mechanical instability with recurrent patellar dislocation, with recent history of worsening secondary to fall of 8/3/11 due to giving way, with post-operative changes, Mucoid/myxoid degeneration, no re-tear, thinning and fibrosis of the patellar tendon, per diagnostic ultrasound study dated 1/31/12. A physical exam on 10/27/14 showed "C-spine range of motion is restricted. Tenderness to palpation of left knee over medial joint line, lateral joint and peripatellar region. Tenderness to palpation over paraspinal musculature of L-spine. Positive straight leg raise." The patient's treatment history includes medications, knee bracing, home exercise program. The treating physician is requesting 1 gym membership. The utilization review determination being challenged is dated 11/17/14. The requesting physician provided treatment reports from 11/5/13 to 1/13/15.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 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: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Lumbar / Knee / Shoulder Chapters: GYM membership.

Decision rationale: This patient presents with chronic knee problems and has history of knee surgery. The treater has asked for 1 Gym membership on 10/27/14 "with pool access so the patient can perform a self-guided exercise program." Regarding gym membership, ODG Guidelines only allow in cases where a documented home exercise program with periodic assessment and revision has not been effective and there is a need for equipment. In addition, treatment needs to be monitored and administered by medical professionals. ACOEM p309 recommends "low-stress aerobic" exercises. MTUS supports water-therapy for situations where decreased weight-bearing is required, such as in extreme obesity. In this case, the patient has a chronic pain condition and the treater is requesting a gym membership for a self-guided aquatic exercise program. There is no documentation, however, of extreme obesity and why reduced weight-bearing exercises are required. There is no medical reason why the patient is unable to perform the necessary exercises on land or at home to improve pain and function. The request is not medically necessary.