

<b>Case Number:</b>	CM14-0195999		
<b>Date Assigned:</b>	12/04/2014	<b>Date of Injury:</b>	05/24/2010
<b>Decision Date:</b>	01/21/2015	<b>UR Denial Date:</b>	11/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/24/2014

### 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 Rehab, has a subspecialty in Pain Medicine, 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 injured worker is a 52 year-old female, who was injured on May 25, 2010, while performing regular work duties. The mechanism of injury is due to tripping over a treadmill and falling to the ground, resulting in injury of the left knee, ankle, and foot. A magnetic resonance imaging of the left ankle on March 30, 2012, reveals chronic tearing associated with scarring, postsurgical scarring, an old healed fracture, and very mild chondromalacia. On May 25, 2012, the injured worker had left foot surgery. A magnetic resonance imaging of the left knee on January 10, 2013, reveals no meniscal tear, and no ligamentous injury. The records dated July 7, 2014, indicate a magnetic resonance imaging was done on November 19, 2013, revealing mild chondromalacia. The injured worker's work status is modified, restricted duty for the left ankle. The evaluation on July 7, 2014, indicates the injured worker was given a cortisone injection in the left knee. This magnetic resonance imaging result was not available for this review. The records indicate the injured worker has received ethanol injections, surgeries, multiple imaging, icing, heating, transcutaneous electro nerve stimulation, massage, and medications. On November 13, 2014, the injured worker returns for a recheck after last being seen 6 months prior, has continued pain of the left knee and ankle, and had completed a 6 month gym membership that was recommended by the QME. The records do not indicate a failure of a home exercise program, or that advanced exercise equipment is necessary to improve the injured workers functional capacity. The records indicate the 6 month gym membership as "helpful". The records do not indicate the benefits or changes in functional capacity from the 6 month gym membership. The request for authorization is for a one (1) year gym membership. The primary diagnoses are chondromalacia, and pain in ankle and joints of foot. On November 20, 2014, Utilization Review non-certified the request for a one (1) year gym membership, based on ODG, and Tricare guidelines.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**1 Year 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 and Leg Procedure Summary and TriCare Guidelines Policy Manual

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46-47 of 127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Gym Memberships

**Decision rationale:** Regarding request for gym membership, Chronic Pain Medical Treatment Guidelines state that exercise is recommended. They go on to state that there is no sufficient evidence to support the recommendation of any particular exercise regimen over any other exercise regimen. ODG states the gym memberships are 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. 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 a risk of further injury to the patient. Therefore, the currently requested gym membership is not medically necessary.