

<b>Case Number:</b>	CM14-0205310		
<b>Date Assigned:</b>	12/17/2014	<b>Date of Injury:</b>	12/15/2011
<b>Decision Date:</b>	02/06/2015	<b>UR Denial Date:</b>	11/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/08/2014

### 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 Internal Medicine, has a subspecialty in Rheumatology, Allergy & Immunology and is licensed to practice in Texas. 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:

This is a 41 year old male with a date of injury of 12/15/11. He is being treated for cervical strain, right knee and lumbar spine pain. Subjective findings on 10/15/14 include soreness and limited ROM in right shoulder worse with cold weather. Objective findings include neck tenderness in midline and paraspinal, limited ROM 2nd to pain, low back tenderness midline, right knee tenderness medially. A right knee MRI 3/23/12 was reported to show a mild degenerative changes in the posterior horn of medial meniscus with no tear. Previous treatments have include physical therapy, sauna, Naprosyn. The Utilization Review on 11/10/14 was non-certify for gym membership due to lack of supervision, no prescription as to what exercises will be performed and how it will be more beneficial than a home exercise program.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Gym membership for the right knee:** 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), Gym memberships

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Gym Membership.

**Decision rationale:** The MTUS guidelines are silent as to gym memberships so the Official Disability Guidelines were consulted. ODG states, "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." The official disability guidelines go on to state "Furthermore, treatment needs to be monitored and administered by medical professionals". In the request for authorization, the treating physician writes on 10/15/2014 "he is trying to work on strengthening for his right knee for quads and hip external rotator. He is having a hard time doing this on his own at home so I think he will benefit from a gym membership." The treating physician does not detail the actual equipment being requested by a gym membership, exercise program necessary that he cannot do at home, assessment and documentation that the home exercise program has not been effective and what medical professional will be monitoring his program. Additionally, treatment notes do not detail what revisions to the physical therapy home plan has been attempted and/or failed that would necessitate the use of gym membership. As such, the request for Gym Membership is not medically necessary.