

Case Number:	CM14-0063459		
Date Assigned:	07/11/2014	Date of Injury:	06/19/2013
Decision Date:	01/23/2015	UR Denial Date:	04/18/2014
Priority:	Standard	Application Received:	05/06/2014

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 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:

This is a 50-year-old male with a 6/19/13 date of injury. According to a progress report dated 4/10/14, the patient complained of right knee pain. He has received 18 visits of physical therapy and has been doing his own exercises at home. An MRI scan of the right knee on 4/2/14 revealed tearing of the deep quadriceps tendon. Objective findings: no knee tenderness, limited right knee range of motion, crepitus in right knee. Diagnostic impression: tear of quadriceps tendon, contusion of knee. Treatment to date: medication management, activity modification, physical therapy, injections. A UR decision dated 4/18/14 denied the request for gym membership. There was not a need for specialized equipment documented. The periodic supervision should be performed through the physician's office to monitor the patient's progress without home exercises.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gym membership x 3 months, supervised by physical therapist: 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 Chapter - Gym Membership

Decision rationale: CA MTUS does not address this issue. ODG does not recommend gym memberships unless 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. However, in the present case, there is no evidence that attempts at home exercise were ineffective. There is also no evidence that the patient would require specialized equipment. In addition, gym memberships, health clubs, swimming pools, athletic clubs, etc., are not generally considered medical treatment. Therefore, the request for Gym membership x 3 months, Supervised by Physical Therapist was not medically necessary.