

<b>Case Number:</b>	CM15-0001495		
<b>Date Assigned:</b>	01/12/2015	<b>Date of Injury:</b>	05/15/2012
<b>Decision Date:</b>	03/10/2015	<b>UR Denial Date:</b>	12/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/05/2015

### 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: Family Practice

### 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 sustained an injury while working on 05/15/2012. The patient operated a motorized floor cleaner which veered to the right which the patient tried to steer to the left and experienced a "pop" and instant pain within the L knee. No medical treatment was given. On 07/01/2012 the patient had an injury the lower back. The patient did receive medical treatment which consisted of an examination, x-rays, physical therapy and MRIs of the L knee and lumbar spine. The patient received physical therapy for 6 weeks. Medications prescribed for the patient included Norco, naproxen, and Prilosec. On examination there was tenderness on the medial and posterior aspects of the L knee. No muscle atrophy was noted. On 01/10/2014 an MRI of the L knee showed degenerative changes to the meniscus, a small cruciate tear, and degeneration to the distal medial femoral cartilage. On 11/20/2014 the patient underwent arthroscopic surgery to the L knee. This review addresses a request for a gym membership for 4 months.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Gym Memberships:** 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), Knee, and Gym Memberships

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

**Decision rationale:** The treating clinician submitted a hand written PR-2 form dated 12/08/2014; however, the legibility is poor. The request is for a gym membership for 4 months. This documentation does not make clear what the reason for this gym membership is. This documentation does not give supporting reasons why a patient who is post-operative should receive unsupervised exercise by non-clinicians. These same non-clinicians are not trained to give written feedback to a medical clinician nor are they required to do so. The standard of care is to refer a patient to physical therapy after surgery. The patient should receive physical therapy with fading of these sessions. The patient should then continue to perform active treatment with a guided home exercise program with clinical feedback relayed back to the treating clinician. The request for a gym membership is not medically indicated.