

Case Number:	CM15-0003667		
Date Assigned:	02/20/2015	Date of Injury:	06/16/2008
Decision Date:	04/03/2015	UR Denial Date:	12/29/2014
Priority:	Standard	Application Received:	01/07/2015

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: Physical Medicine & Rehabilitation

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 75 year old male, who sustained an industrial injury on June 16, 2008. He has reported bilateral knee pain. The diagnoses have included general osteoarthritis, chronic bilateral knee pain, bilateral knee osteoarthritis, cartilage tears, loose body of the left knee, and sleep disturbances. Treatment to date has included medications, acupuncture, heat, exercise, use of a cane, and imaging studies. A progress note dated December 4, 2014 indicates a chief complaint of continued bilateral knee pain, left greater than right. Physical examination showed slight diffuse swelling, decreased range of motion, slight effusion of the left knee, a fairly antalgic gait, and diffuse tenderness of the lateral and medial joint lines of the left knee. The treating physician requested a one year gym membership. On December 29, 2014 Utilization Review partially certified the request for the gym membership, allowing for a three month membership, citing the Official Disability Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

One 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, Low Back - Lumbar and Thoracic (Acute and Chronic), Gym Memberships.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Low Back Lumbar & Thoracic Chapter, Gym memberships.

Decision rationale: Per the 12/09/14 report the patient presents with continued bilateral knee pain, left greater than right. The current request is for ONE YEAR GYM MEMBERSHIP per the 12/08/14 report. The patient is working part time. ODG guidelines Low Back Lumbar & Thoracic Chapter, Gym memberships topic, state they 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. ODG further states treatment must be monitored by medical professionals. The treater states that with gym membership the patient is able to reduce his pain, increase function, better perform ADLs and to date postpone surgery. The treater also cites the recommendation from the AME that recommends gym membership as the patient has been able to avoid surgery while exercising with a gym membership and the patient has Lupus which contraindicates surgery. The 09/08/14 AME report is included and states the patient should continue going to the gym and exercise frequently to strengthen both knees without putting stress on them. The report further states that he should do closed chain exercises and water aerobics with a flotation device in order to avoid the only surgery option of knee replacement which has a high risk of failure. The use of physical therapy and a trainer are recommended. However, there is no documentation of a failed home exercise program and why specialized equipment is necessary to perform the recommended closed chain exercises. Furthermore, ODG guidelines do not support gym memberships and there is no documentation that the patient would be monitored by medical professionals. In this case, the request IS NOT medically necessary.