

Case Number:	CM15-0004483		
Date Assigned:	01/15/2015	Date of Injury:	07/20/2010
Decision Date:	03/23/2015	UR Denial Date:	12/08/2014
Priority:	Standard	Application Received:	01/09/2015

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: Pennsylvania
 Certification(s)/Specialty: Internal Medicine

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 28 year old female who sustained an industrial injury on July 20, 2010. She has reported pain to the right knee, right thigh, and right lower back and has been diagnosed with status post right knee arthroscopic surgery with chronic residuals, right hip strain, compensatory, and low back strain, compensatory. Treatment to date has included surgery with right knee arthroscopic surgery on 10/4/10, physical therapy, cortisone injections of the right knee, and chiropractic therapy. At an office visit on 11/24/14, the injured worker was noted to be not working. Currently the injured worker complains of pain at the right knee which radiates to the right thigh and right lower back. The pain was noted as constant and worsens with prolonged sitting, walking, or driving. She was noted to be walking regularly. Gait was normal with no limp. Examination showed the right knee to be without swelling, deformity, or erythema; range of motion was full in extension and restricted in flexion, anterior and posterior drawer signs were negative, there was no varus or valgus instability, and McMurray's test was associated with pain over the medial and lateral knee. The treatment plan included acupuncture therapy, topical medication, a gym membership, and continuation of home exercise stretching program. The prescription noted that the injured worker "should have a gym membership for exercise to strengthen the right quadriceps/right knee." On December 8, 2014 Utilization Review non certified gym membership for a year with 16 personal training sessions with a certified athletic trainer, citing the MTUS and ODG guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gym membership for a year with 16 personal training sessions with a certified athletic trainer: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46-47. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG-TWC Knee and Leg

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): p. 346-347, Chronic Pain Treatment Guidelines exercise Page(s): p. 46-47. Decision based on Non-MTUS Citation knee and leg chapter: exercise, gym memberships

Decision rationale: Per the MTUS, exercise is recommended, and there is strong evidence that exercise programs including aerobic conditioning and strengthening are superior to treatment programs that do not include exercise. However, there is no sufficient evidence to support the recommendation of any particular exercise regimen over any other exercise regimen. A therapeutic exercise program should emphasize education, independence, and the importance of an ongoing exercise regime. The ACOEM recommends stretching and aerobic exercise for the treatment of knee complaints, as well as maximal activity of other body parts while recovering from knee injury. The ODG states that both aerobic walking and home-based quadriceps strengthening exercise reduce knee pain and disability. The ODG also states that gym memberships are not recommended as a medical prescription unless a home exercise program has not been effective and there is a need for equipment. Treatment needs to be monitored and administered by medical professionals. While an individual exercise program is of course recommended, more elaborate personal care where outcomes are not monitored by a health professional, such as gym memberships or advanced home exercise equipment, may not be covered under this guideline, although temporary transitional exercise programs may be appropriate for patients who need more supervision. The request is for a one year gym membership and personal training sessions. This is not consistent with a temporary transitional exercise program. There was no documentation that the injured worker required supervision during exercise. It was documented that she was walking on a regular basis and performing a home exercise program. No need for equipment was discussed by the treating physician. Because of the lack of documentation of need for equipment or supervision, no evidence of failure of a home exercise program, as well as the lack of recommendation for a specific exercise program, the request for gym membership for a year with 16 personal training sessions with a certified athletic trainer is not medically necessary.