

Case Number:	CM15-0103438		
Date Assigned:	06/05/2015	Date of Injury:	02/13/2011
Decision Date:	07/08/2015	UR Denial Date:	05/24/2015
Priority:	Standard	Application Received:	05/29/2015

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, Pain Management

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 46 year old male, who sustained an industrial injury on December 18, 2004. He reported bilateral knee pain. The injured worker was diagnosed as having status post anterior meniscectomy and chondroplasty, status post left knee anterior arthroscopic and chondroplasty, medial meniscus tear of the right knee and status post right knee anterior meniscectomy and chondroplasty. Treatment to date has included radiographic imaging, diagnostic studies, surgical intervention of the bilateral knees, conservative care, home exercises, medications and work restrictions. Currently, the injured worker complains of continued bilateral knee pain. The injured worker reported an industrial injury in 2004, resulting in the above noted pain. He was treated conservatively and surgically without complete resolution of the pain. Evaluation on November 18, 2014, revealed continued pain as noted. He reported increased pain in the left knee and the inability to flex the left knee. He reported severe pain without medication use and mild pain with the use of medications. He reported requiring six to ten Tylenol with codeine tablets per day for breakthrough pain. Medications and a weight reduction plan were continued. Gym membership for one year was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gym membership for 1 year: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 340.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines x 9792.26 MTUS (Effective July 18, 2009) Page(s): 46-47 of 127. Decision based on Non-MTUS Citation x Official Disability Guidelines (ODG), Knee Chapter, Gym Memberships.

Decision rationale: Regarding request for gym membership, Chronic Pain Medical Treatment Guidelines state that exercise is recommended. They go on to state that there is no sufficient evidence to support the recommendation of any particular exercise regimen over any other exercise regimen. ODG states the 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. Plus, treatment needs to be monitored and administered by medical professionals. With unsupervised programs there is no information flow back to the provider, so he or she can make changes in the prescription, and there may be a risk of further injury to the patient. Within the documentation available for review, there is no indication that the patient has failed a home exercise program with periodic assessment and revision. Additionally, there is no indication that the patient has been trained on the use of gym equipment, or that the physician is overseeing the gym exercise program. In the absence of such documentation, the currently requested gym membership is not medically necessary.