

<b>Case Number:</b>	CM15-0130293		
<b>Date Assigned:</b>	07/16/2015	<b>Date of Injury:</b>	03/30/2013
<b>Decision Date:</b>	08/18/2015	<b>UR Denial Date:</b>	06/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/06/2015

### 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 injured worker is a 52 year old female who sustained an industrial injury on 03/30/2015. Mechanism of injury was a slip and fall. Diagnosis is right knee contracture status post total knee. Treatment to date has included diagnostic studies, medications, physical therapy, home exercises, status post total right knee replacement, status post arthroscopic synovectomy and manipulation under anesthesia to the right knee which resulted in a femur crack and surgery with screw placement on 02/25/2015, and a knee brace. Her medications include Norco, Celebrex, Ranitidine, and Ambien. A physician progress note dated 05/27/2015 documents the injured worker has a knee contracture after a total knee. Range of motion is about 0 degrees of extension and about 85-90 degrees of flexion. She has issues with taking Celebrex with Ranitidine-it causes stomach upset. She feels the Tramadol is not working and wants to go back on Norco. It was discussed trying to wean her down to a reasonable level o from taking 3-4 a day down to maybe 2-3 a day and eventually to nothing. She has a painful antalgic gait on a short distance. She still lacks 5 degrees of extension. Flexion is 85 degrees. Her quad is coming back and she is now able to do a straight leg raise. Treatment requested is for a gym membership for 6 months.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Gym Membership (6 months): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee Chapter/Gym Memberships.

**Decision rationale:** According to ODG, 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. Plus, treatment needs to be monitored and administered by medical professionals. In this case, the medical records do not establish that the injured worker is unable to safely and effectively perform an independent home exercise program to address the remaining deficits. The request for gym membership is not supported per evidence based guidelines. The request for Gym Membership (6 months) is not medically necessary or appropriate.