

<b>Case Number:</b>	CM15-0131696		
<b>Date Assigned:</b>	07/17/2015	<b>Date of Injury:</b>	07/01/2004
<b>Decision Date:</b>	08/13/2015	<b>UR Denial Date:</b>	06/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/07/2015

### 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: Connecticut, California, Virginia  
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 46 year old male, who sustained an industrial injury on 7/1/04. He reported right knee pain. The injured worker was diagnosed as having right knee internal derangement and an anterior cruciate ligament injury. Treatment to date has included a non-impact exercise program and medication. Physical examination findings on 6/10/15 included a mild effusion on the right knee. A Synvisc injection was provided on 6/10/15. Currently, the injured worker complains of right knee difficulties. The treating physician requested authorization for a stationary bike, a gym membership, and 1 Synvisc injection.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One (1) stationary bike:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee and Leg: Exercise equipment, 2015.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) knee, exercise equipment/gym membership.

**Decision rationale:** The ODG states that exercise equipment is not considered primarily medical in nature, and to be considered medical in nature, treatment using equipment needs to be monitored and administered by medical professionals, which does not encompass personal trainers. While an individual exercise program is of course recommended, the current request given the provided records, the request is not medically necessary.

**One (1) 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, Knee & Leg (Acute & Chronic): Gym memberships 2015.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) knee, gym membership.

**Decision rationale:** The MTUS does not discuss gym memberships, and therefore the ODG provides the preferred mechanism for assessment of medical necessity regarding the topic. The ODG states that 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; the provided records do not clarify these concerns and therefore do not provide sufficient evidence to support the request. Additionally, treatment needs to be monitored and administered by medical professionals, which does not encompass personal trainers. While an individual exercise program is of course recommended, the current request is not medically necessary.

**One (1) Synvisc injection:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee & Leg (Acute & Chronic): Hyaluronic acid injections.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) knee, synvisc/hyaluronic acid injection.

**Decision rationale:** The MTUS does not include recommendations regarding use of hyaluronic acid injections, and therefore the ODG guidelines provide the preferred mechanism for assessment of medical necessity in this case. The ODG criteria for hyaluronic acid injections include significant symptomatic osteoarthritis without adequate response to recommended conservative treatment (exercise, etc.) and pharmacologic treatments or intolerance to these therapies after at least three months. The criteria also include pain interfering with functional activity and failure to respond to steroid injections. One record states specifically that prior injection one month out had resulted in no improvement. In this case, within the limitations of the provided medical records, the request is not medically necessary.