

Case Number:	CM15-0132717		
Date Assigned:	07/20/2015	Date of Injury:	02/27/2014
Decision Date:	08/18/2015	UR Denial Date:	07/08/2015
Priority:	Standard	Application Received:	07/09/2015

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: California
 Certification(s)/Specialty: Emergency 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:

This is a 46-year-old female with a February 27, 2014 date of injury. A progress note dated August 19, 2014 documents subjective complaints (left knee and hip pain; knee pain rated at a level of 3-5/10), objective findings (minimally antalgic gait; painful range of motion of the left knee; mild swelling over the medial knee; tender medial cruciate ligament; positive patellar apprehension test; unable to heel-toe walk or squat), and current diagnoses (chondromalacia of the left knee; left knee contusion). Treatments to date have included physical therapy, magnetic resonance imaging of the left knee (showed chondromalacia of the patella), medications, and activity modifications. The treating physician documented a plan of care that included a gym membership for recumbent bike use.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gym Membership - Recumbent bike use (months), QTY: 2: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg (Acute & 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 (ODG) knee: gym membership.

Decision rationale: MTUS Chronic pain and ACOEM Guidelines do have any sections that relate to this topic. As per Official Disability Guidelines, Gym memberships are not recommended. Criteria needed to recommend gym membership are need for specialized equipment and they must be supervised by medical personnel. Gyms are not supervised, is not being assessed by medical professionals and therefore are not considered medical treatment with no appropriate documentation or information returning to provider. While patient has knee issues, there is nothing stopping the patient from exercising at home or performing the routines taught during physical therapy that has been/ongoing with the patient. The request is not medically necessary.