

Case Number:	CM15-0136321		
Date Assigned:	07/24/2015	Date of Injury:	06/01/2014
Decision Date:	08/20/2015	UR Denial Date:	06/30/2015
Priority:	Standard	Application Received:	07/14/2015

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: North Carolina

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 48 year old female who sustained an industrial/work injury on 6/1/14. She reported an initial complaint of left knee pain. The injured worker was diagnosed as having osteoarthritis of medial and PF compartments of left knee, s/p arthroscopy with partial medial meniscectomy and chondroplasty trochlea, and DVT (deep vein thrombosis). Treatment to date includes medication, diagnostics, and surgery (left knee arthroscopy with partial meniscectomy on 10/16/14), synvisc injections, and home exercise program. Currently, the injured worker complained of ongoing left knee pain following her series of hyaluronic acid injections. Per the primary physician's report (PR-2) on 6/24/15, exam notes the left lower extremity portal sites are clean, medial joint tenderness, range of motion at 0-125 degrees with mild pain, moderate calf tenderness and equivocal Homan's sign, neurovascular intact, smooth gait, and strength 5-/5. Current plan of care included unloader left knee brace, weight loss, medication, and low impact aerobic exercises. The requested treatments include Gym program for 6 months (per 6/24/15).

IMR ISSUES, DECISIONS AND RATIONALES

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

Gym program for 6 months per 6/24/15: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The California MTUS and the ACOEM do not specifically address the requested service. The ODG states that gym memberships are only indicated if there is a failure of prescribed home exercise program and a need for specialized equipment not available at home. The membership must be under the supervision of a medical professional. These criteria are not met in the provided medical records and the request is thus not medically necessary.