

Case Number:	CM15-0141431		
Date Assigned:	07/31/2015	Date of Injury:	10/28/1983
Decision Date:	09/03/2015	UR Denial Date:	07/20/2015
Priority:	Standard	Application Received:	07/21/2015

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: Texas, 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 63 year old male who sustained an industrial injury on 10-28-1983. Diagnoses are Pes Anserinus Bursitis, Abnormality of Gait, and Localized Osteoarthritis not otherwise specified of lower leg. In a visit note dated 6-18-15, the treating physician reports pain is rated at 10 out of 10 at its worst, 8 out of 10 at best and on average it was 9 out of 10. He reports difficulty with activities of daily living rated at 8-9 out of 10. He rated sleep, mood and ability to concentrate at 9 out of 10 (10 being the worst). McMurray's test and patellar compression are positive on the right. There is moderate laxity with varus and valgus stress of the right knee. Gait is antalgic on the right knee motor strength testing on extension and flexion, could not be measured due to limited range of motion. It is noted that the injured worker has been frustrated due to the post surgical pain. He has been at a plateau with improvement of range of motion as well as strength to his right lower extremity. He had a revision to the total knee replacement in January 2015. He is post-surgical and has had experience with the transcutaneous electrical nerve stimulation unit. He has reached a plateau in regard to physical therapy and needs to focus on strengthening exercises to the quadriceps musculature and could achieve this by utilizing the specialized equipment provided by a gymnasium. He is temporarily totally disabled; medically disabled. The treatment plan is an H-Wave unit, 1 year gym membership, Oxycodone, and Amitiza. The requested treatment is a gym program membership for 1 year, per visit note dated 6-18-15, quantity of 1. The patient sustained the injury due to cumulative trauma. The patient's surgical history includes bilateral TKR and revision of right knee TKR on 1/23/15. The patient had received an unspecified number of the PT visits for this injury. The medication list includes Oxycodone, Zofran, Lidoderm, Gabapentin Ambien, Naproxen, Omeprazole and Amitiza.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gym Program membership for 1 year, per visit noted date 6/18/15 qty 1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 339-340.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back (updated 07/17/15) Gym memberships.

Decision rationale: Gym Program membership for 1 year, per visit noted date 6/18/15 qty 1 ACOEM/MTUS guideline does not address for this request. Hence ODG is used. Per the ODG guidelines gym membership is "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." Any contraindication for a home exercise program was not specified in the records provided. A medical need for exercise equipment was not specified in the records provided. Patient has received an unspecified number of PT and aquatic therapy visits for this injury. Detailed response to conservative therapy was not specified in the records provided. The previous conservative therapy notes were not specified in the records provided. The records submitted contain no accompanying current PT evaluation for this patient. Rationale for gym membership for the lumbar spine was not specified in the records provided. Any evidence of the contradiction to land base therapy was not specified in the records provided. A valid rationale as to why remaining rehabilitation cannot be accomplished in the context of an independent home exercise program is not specified in the records provided. The medical necessity of the request for Gym Program membership for 1 year, per visit noted date 6/18/15 qty 1 is not fully established in this patient and therefore is not medically necessary.