

Case Number:	CM15-0141787		
Date Assigned:	08/03/2015	Date of Injury:	01/05/2014
Decision Date:	08/31/2015	UR Denial Date:	07/16/2015
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: 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 51 year old male, who sustained an industrial injury on January 5, 2014. The injured worker was diagnosed as having bilateral knee osteoarthritis. Treatment to date has included surgery, physical therapy, magnetic resonance imaging (MRI) and medication. A progress note dated June 29, 2015 provides the injured worker complains of knee pain with locking and catching. He reports viscosupplementation was somewhat helpful. Physical exam notes tenderness to palpation of the bilateral knees with crepitus, grind and positive McMurray's sign. Review of magnetic resonance imaging (MRI) reveals post-surgical changes, meniscus tear and osteoarthritis. The plan includes gym membership, medication, pain management and follow-up.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 year gym membership: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 29. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee Chapter.

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 gym memberships are only necessary when there is a failure of a prescribed home exercise program. The membership must be under the supervision of a medical professional. The provided medical records for review do not meet these criteria and therefore the request is not medically necessary.