

Case Number:	CM15-0149201		
Date Assigned:	08/12/2015	Date of Injury:	04/16/2012
Decision Date:	09/15/2015	UR Denial Date:	07/18/2015
Priority:	Standard	Application Received:	07/31/2015

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, Hawaii
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 4-16-12. His initial complaints and the nature of the injury are unavailable for review. The medical records indicate that the injury was a "right knee injury". In the orthopedic note dated 6-23-15, it indicates that the injured worker as a history of right knee ACI, scar debridement, hardware removal, and wound closure. The note also indicates that he had completed physical therapy, which he found to be beneficial. He continued to complain of weakness in the right knee and indicated that he was "trying to get more" therapy, but it was denied. He reported that he found physical therapy more beneficial for strengthening because it had "all equipment for him to work on a strength program" and he also "did not want to injure himself". The note states that following his wound revision, the injured worker was "only working on soft tissue work" and that he did not start working on strengthening until approximately one month after the wound was "completely healed which made him fall back in terms of his strength program". Treatment recommendations indicated the "imperative" need for a formal therapy in order for him to "relearn" a strength program, which he could "then translate to a gym program". A request was made for formal therapy, consisting of 12 visits of physical therapy. The note states "if Worker's comp is not going to authorize for full 12 visits of therapy, then we request 3 visits for him to learn strength program via a gym program and then for Workman's comp to pay for a gym membership for six months."

IMR ISSUES, DECISIONS AND RATIONALES

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

6 month gym membership for right knee: 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), 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) Gym memberships, knee and leg.

Decision rationale: The patient presents with right knee pain. The current request is for a 6-month gym membership for right knee. The treating physician states that the patient is still considerably weak after right knee ACI, scar debridement, hardware removal and then wound reclosure (88). The ODG guidelines state that gym memberships are "not recommended as a medical prescription unless a home exercise program has not been effective and there is a need for equipment. In addition, treatment needs to be monitored and administered by medical professionals. While an individual exercise program is of course recommended, more elaborate personal care where outcomes are not monitored by a health professional, such as gym memberships or advanced home exercise equipment, may not be covered under this guideline, although temporary transitional exercise programs may be appropriate for patients who need more supervision." In this case, the treating physician has requested 12 visits of physical therapy but if worker's comp is not going to authorize a full 12 visits of therapy then the treating physician requests 3 visits of therapy for him to learn strength program via a gym program and then worker's comp to pay for a gym membership. A gym membership would not provide monitoring by a health professional and is not recommended. The current request is not medically necessary.