

Case Number:	CM15-0162253		
Date Assigned:	08/28/2015	Date of Injury:	05/29/2012
Decision Date:	09/30/2015	UR Denial Date:	08/18/2015
Priority:	Standard	Application Received:	08/18/2015

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 64 year old female, who sustained an industrial injury on 5-29-2012. She reported a twisting type injury to the left knee. Diagnoses include degenerative joint disease of bilateral knees, status post multiple left knee surgeries. Treatments to date include activity modification and physical therapy. Currently, she complained of ongoing knee pain status post left knee replacement in 2013. On 8-5-15, the physical examination documented decreased range of motion of the left knee and a positive varus test. The plan of care included a request to authorize a one-year gym membership.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 year Gym Membership qty 1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Knee & Leg, 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.

Decision rationale: The California MTUS and the ACOEM do not specifically address gym memberships. Per the Official Disability Guidelines, gym memberships are 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 specialized equipment not available at home. Treatment needs to be monitored and administered by medical professionals. There is no included documentation, which shows failure of home exercise program. The criteria for gym membership as outlined above have not been met. Therefore, the request is not medically necessary.