

Case Number:	CM15-0162765		
Date Assigned:	08/31/2015	Date of Injury:	08/16/2011
Decision Date:	10/05/2015	UR Denial Date:	08/03/2015
Priority:	Standard	Application Received:	08/19/2015

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: Georgia, California, Texas

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 42 year old male, who sustained an industrial injury on August 16, 2011. The injured worker reported being assaulted by being kicked in the right knee causing him to drop on multiple occasions with immediate pain. The injured worker was diagnosed as having knee pain and pain to the joint of the lower leg. Treatment and diagnostic studies to date has included medication regimen, multiple surgeries to the right lower extremity, magnetic resonance imaging of the right knee, magnetic resonance imaging of the lumbar spine, laboratory studies, functional restoration program, acupuncture, physical therapy, and magnetic resonance imaging of the right knee. 06/03/15 functional restoration program progress note stated that the injured worker's activity tolerance was increased and he was riding a bike. In a progress note dated July 17, 2015 the treating physician reports complaints of pain. Examination reveals right sided slow, antalgic gait, tenderness to the hamstrings, tenderness to the medial joint line, pain with range of motion, effusion to the right knee joint, positive patellar grind testing, positive Apley's distraction testing, positive McMurray's testing, decreased sensation to the medial foot on the left side, and swelling with alopecia to the distal right leg. The injured worker's pain level was rated a 6 on a scale of 1 to 10. The treating physician noted that the injured worker completed a functional restoration program. The treating physician requested a 12 month gym membership with a pool for continued exercise instructed in a functional restoration.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 month gym membership with a pool for continued exercise instructed in a functional restoration: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chapter 13 Knee Complaints Page(s): 94, 301, 337-339. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee and Leg Chapter and Back/Low Back Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Exercise Page(s): 46-47 of 127. Decision based on Non-MTUS Citation ODG Knee & Leg Chapter (Acute & Chronic, updated 07/10/15), Gym memberships.

Decision rationale: MTUS recommends exercise for patients with chronic pain, but is silent concerning gym memberships. Concerning gym memberships, ODG states: "Not recommended as a medical prescription unless a home exercise program has not been effective and there is a need for equipment. Plus, 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. For more information on recommended treatments, see Physical therapy (PT) & Exercise. See also the Low Back Chapter." Failure of a land-based home exercise program is not documented in this case, and medical necessity is not established for a gym membership in order to provide access to a pool.