

Case Number:	CM15-0180388		
Date Assigned:	09/22/2015	Date of Injury:	05/14/2009
Decision Date:	10/30/2015	UR Denial Date:	09/02/2015
Priority:	Standard	Application Received:	09/14/2015

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 44 year old male who sustained an industrial injury on 05-14-2009. Current diagnoses include status post left knee replacement revision for unicompartamental replacement failure. Report dated 08-20-2015 noted that the injured worker presented with complaints that included start-up pain in the left knee and weakness in the quads. It was noted that the injured worker has received at least 20 session of physical therapy. Pain level was not included. Physical examination performed on 08-20-2015 revealed poor quadriceps. Previous treatments included medications, surgical intervention, and physical therapy. The treatment plan included request for additional physical therapy. Request for authorization dated 08-26-2015, included requests for physical therapy and gym membership for knee rehab. The utilization review dated 09-02-2015, non-certified/modified the request for unknown gym membership, and 12 physical therapy sessions with evaluation and therapeutic exercises for the left knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Unknown gym membership: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee & Leg (Acute & Chronic), 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) Online, Knee, Gym membership.

Decision rationale: The patient presents with pain affecting the left knee. The current request is for Unknown gym membership. The treating physician report dated 8/20/15 (17B) states, he really needs appropriate rehabilitation. I have requested further physical therapy, gym membership to do cycling. I have showed him quadriceps exercise program. The MTUS guidelines do not address the current request. The ODG guidelines have the following regarding gym memberships: 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. Plus, treatment needs to be monitored and administered by medical professionals. The guidelines go on to state, gym memberships, health clubs, swimming pools, athletic clubs, etc., would not generally be considered medical treatment, and are therefore not covered under these guidelines. In this case, while there was discussion of a need for special equipment in the requesting medical report provided, in the form of a stationary bike, there is no evidence provided that suggests the patient will be monitored by a medical professional during the duration of his gym membership. Furthermore, the current request does not specify a duration for the gym membership, and the MTUS guidelines do not support an open ended request. The current request is not medically necessary.

12 physical therapy sessions with evaluation and therapeutic exercises: left knee: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee & Leg (Acute & Chronic) Physical Medicine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

Decision rationale: The patient presents with pain affecting the left knee. The current request is for unknown gym membership. The treating physician report dated 8/20/15 (17B) states, he really needs appropriate rehabilitation. I have requested further physical therapy, gym membership to do cycling. I have showed him quadriceps exercise program. MTUS supports physical medicine (physical therapy and occupational therapy) 8-10 sessions for myalgia and neuritis type conditions. The MTUS guidelines only provide a total of 8-10 sessions and the patient is expected to then continue on with a home exercise program. The medical reports provided show the patient has received at least 18 prior physical therapy visits for the left knee. The patient is status post left total knee replacement on 4/20/15 (104B) and is no longer within the post-surgical treatment period of 4 months as established by the MTUS-PSTG. In this case, the patient has received at least 18 sessions of physical therapy to date and the current request of an additional 12 visits exceeds the recommendation of 8-10 visits as outlined by the MTUS

guidelines on page 99. Furthermore, the patient is no longer within the post-surgical treatment period and the MTUS-PST guidelines only support a total of 24 visits. The current request is not medically necessary.