

<b>Case Number:</b>	CM15-0184237		
<b>Date Assigned:</b>	09/24/2015	<b>Date of Injury:</b>	05/29/2012
<b>Decision Date:</b>	11/03/2015	<b>UR Denial Date:</b>	09/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/18/2015

### 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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative 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 63 year old female who sustained an industrial injury on 05-29-2012. The injured worker was diagnosed with status post left knee total knee replacement and right knee compensatory pain. The injured worker is status post knee arthroscopy in July 2012 and total knee arthroplasty in March 2013. According to the treating physician's progress report on 08-05-2015 the injured worker was evaluated for her left knee and managing fairly well. The injured worker reported buckling at times and uses a cane when feeling unstable with walking. Massage therapy is currently helping to increase range of motion. Examination revealed the left knee range of motion at 0-90 degrees with stable valgus testing and some movement with the lateral collateral ligament on varus stress testing. Prior treatments included diagnostic testing, surgery, physical therapy, home exercise program, massage therapy, cane and medications. Treatment plan consists of continuing home exercise program, occupational therapy for additional exercises, monitoring, and the current request on 08-05-2015 by the provider for authorization for a one year gym membership to access a stationary bicycle to increase quadriceps strength and tighten the laxity over the lateral collateral ligament area. On 09-17-2015 the Utilization Review determined the request for a one year gym membership was not medically necessary.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Gym Membership for one year: 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:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

**Decision rationale:** The MTUS Guidelines support the use of a home exercise program as a part of the treatment to improve and maintain function and manage pain. The submitted and reviewed documentation indicated the worker was experiencing pain in the knees and problems sleeping. While the Guidelines support the use of a continued home exercise program to maintain these improvements, there was no discussion suggesting the reason a gym membership was needed in order to continue this treatment or why a full year was required to strengthen the muscles around the knees. In the absence of such evidence, the current request for membership at a gym for a year is not medically necessary.