

<b>Case Number:</b>	CM15-0197334		
<b>Date Assigned:</b>	10/12/2015	<b>Date of Injury:</b>	08/24/2000
<b>Decision Date:</b>	11/24/2015	<b>UR Denial Date:</b>	09/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/07/2015

### 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

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 43 year old male who sustained an industrial injury on 08-24-2000. A review of the medical records indicated that the injured worker is undergoing treatment for left knee osteoarthritis and leg length discrepancy. The injured worker is status post left knee arthroscopy (no procedure or date documented) and left total hip arthroplasty (no date documented). According to the treating physician's progress report on 09-04-2015, the injured worker continues to experience left knee pain which was rated 3 out of 5 and associated with clicking, popping, stiffness and decreased range of motion. The injured worker ambulated with an antalgic gait. Examination of the left knee demonstrated range of motion at 0-100 degrees with pain and crepitus on motion. Motor strength of knee flexors and knee extensors was 4 plus out of 5. Distal sensation, vascular pulses and deep tendon reflexes were intact. The patella tracked well and no effusion was noted. Prior treatments for the left knee have included diagnostic testing, surgery, physical therapy, bracing, ice-heat, cortisone injections, viscous supplementation injections (series of 5 in 08-2014) and medications. Current medication was noted as Naproxen. The injured worker is [REDACTED]. Treatment plan consists of continuing home exercise program, left knee brace for increased stability, possible repeat cortisone injection, follow-up with surgeon if pain worsens for possible total knee replacement and the current request for gym membership to continue his exercise program. On 09-18-2015 the Utilization Review determined the request for 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:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - Gym membership.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter/Gym Membership Section.

**Decision rationale:** The MTUS Guidelines do not address gym memberships. The ODG does not recommend gym memberships 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. Treatment needs to be monitored and administered by medical professionals. While an individual exercise program is recommended, more elaborate personal care where outcomes are not monitored by a health profession is not recommended, although temporary transitional exercise programs may be appropriate for patients who need more supervision. With unsupervised programs there is no information flow back to the provider, so he or she can make changes in the prescription, and there may be risk of further injury to the patients. In this case, the treatment plan consists of continuing home exercise program. There is no medical rationale for a commercial gym membership and there is no indication for a need for specialized equipment, therefore, the request for gym membership is determined to not be medically necessary.