

Case Number:	CM15-0206137		
Date Assigned:	10/23/2015	Date of Injury:	10/08/2005
Decision Date:	12/11/2015	UR Denial Date:	10/02/2015
Priority:	Standard	Application Received:	10/20/2015

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: Texas, California
 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 53 year old female with a date of injury on 10-08-2005. The injured worker is undergoing treatment for left total knee revision on 05-05-2015, and depression. A physician progress note dated 09-08-2015 documents the injured worker is making good progress with therapy. She will finish her therapy. "I then would like her to try and go to an independent gym program for about three months to build her endurance, gait pattern and fall prevention. She should do cyclic activity either independently or if the therapist has an independent gym program this should be provided to her." A physician note dated 07-22-2015 documents the injured worker has more pain in her left knee as compared to her right knee. She rates her right knee pain as 5 out of 10. Her left knee pain is rated 6.5-7 out of 10 with medications. She continues to take Kadian twice a day, and Norco. Constipation is controlled with Amitiza. She is in no acute distress. Her height is 5'7" and her weight is 315 lbs. Treatment to date has included multiple injections, status post left total knee revision, medications, psychotherapy, and physical therapy. The patient's surgical history includes bilateral TKR. The patient had diagnosis of obesity and BMI of 47.

IMR ISSUES, DECISIONS AND RATIONALES

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

Independent gym program x3 months: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back (updated 09/22/15) - Online Version, 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) Chapter: Low Back (updated 09/22/15), Gym memberships.

Decision rationale: ACOEM/MTUS guideline does not address for this request. Hence ODG is used. Per the ODG guidelines gym membership is "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." A contraindication for a home exercise program was not specified in the records provided. A medical need for exercise equipment was not specified in the records provided. The patient has received an unspecified number of PT visits for this injury. A detailed response to conservative therapy was not specified in the records provided. The previous conservative therapy notes were not specified in the records provided. A detailed rationale for Independent gym program x3 months was not specified in the records provided. A valid rationale as to why remaining rehabilitation cannot be accomplished in the context of an independent home exercise program is not specified in the records provided. The medical necessity of the request for Independent gym program x3 months is not fully established in this patient.