

Case Number:	CM15-0207736		
Date Assigned:	10/26/2015	Date of Injury:	10/03/2007
Decision Date:	12/07/2015	UR Denial Date:	10/13/2015
Priority:	Standard	Application Received:	10/22/2015

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: North Carolina

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:

This is a 62 year old female who sustained an industrial injury on 10-3-2007. A review of the medical records indicates that the injured worker is undergoing treatment for osteoarthritis lower leg and chondromalacia of patella. According to the progress report dated 9-25-2015, the injured worker was nine months status post right total knee replacement. She continued to complain of aching pain and some more severe intermittent pain in her right knee with continued restricted range of motion. Per the treating physician (8-14-2015), the injured worker was temporarily totally disabled. Objective findings (9-25-2015) revealed range of motion from 0 degrees to about 115 degrees. There was mild, diffuse tenderness with some synovial thickening, especially on the right. Treatment has included surgery, physical therapy and medication (Tramadol). The current progress report (9-25-2015) did not document if the injured worker was doing a home exercise program. The request for authorization was dated 10-6-2015. The original Utilization Review (UR) (10-13-2015) denied a request for a gym membership for one year.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gym Membership x 1 Year: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) gym memberships.

Decision rationale: The California MTUS and the ACOEM do not specifically address the requested service. The ODG recommends gym memberships only if there is a documented failure of home exercise program or the need for specialized equipment. The membership must be under the direct supervision of a medical professional. A review of the provided medical documents does not show these conditions to have been met. Therefore, the request is not medically necessary.