

Case Number:	CM15-0020870		
Date Assigned:	02/10/2015	Date of Injury:	03/07/2013
Decision Date:	04/01/2015	UR Denial Date:	01/05/2015
Priority:	Standard	Application Received:	02/04/2015

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: 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 57 year old male who sustained an industrial injury on March 7, 2013. He has reported an injury to the left knee and right shoulder and has been diagnosed with severe left knee osteoarthritis. Treatment has included surgery, medications, injections, water therapy, and physical therapy. Currently the injured workers range of motion to the left knee showed 0 - 130 degrees with positive crepitus and pain. There was stiffness of the right shoulder. The treatment included continuing a gym membership. On January 5, 2015 Utilization Review form non certified continued gym membership additional 2 months without citation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continued gym membership for additional 2 months: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Knee chapter: Gym membership.

Decision rationale: According to the 12/23/2014 report, this patient presents with left knee and right shoulder pain. The current request is for continued gym membership for additional 2 months. The request for authorization is not provided for review. The patient's work status was not mentioned. The MTUS guidelines do not address gym memberships. The ODG guidelines states, "Not recommended as a medical prescription unless a home exercise program has not been effective and there is a need for equipment. Plus, treatment needs to be monitored and administered by medical professionals." The medical reports provided indicate the patient "has been provided access to a gym and he is attending on an almost daily basis." However, the treating physician does not provide any documentation to why the patient is not able to do home exercise. There is no discussion regarding the need for special equipment and how the patient is to be medically supervised. In this case, the treating physician has failed to clearly provide necessary documentation as guidelines recommend. Therefore, the request IS NOT medically necessary.