

Case Number:	CM15-0023365		
Date Assigned:	02/13/2015	Date of Injury:	08/31/2013
Decision Date:	03/25/2015	UR Denial Date:	01/07/2015
Priority:	Standard	Application Received:	02/07/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 32 year old male, who sustained an industrial injury on 8/31/2013, while climbing stairs. The diagnoses have included displacement of lumbar intervertebral disc without myelopathy, right knee strain, and left knee strain and mass. Treatment to date has included conservative measures. Currently, the injured worker complains of pain in the low back and bilateral knees. Physical exam noted decreased light touch sensation left mid-anterior thigh, left mid-lateral calf, and left lateral ankle. Current medications were not documented. The PR2 report, dated 9/03/2014, noted that he wanted to continue exercises taught at physical therapy at the gym and requested a gym membership. Treatment plan included a gym membership to increase mobility and function and lose weight. A sleep medicine consult, dated 9/30/2014, noted height and weight, calculating to body mass index 33.9%. Computerized tomography of the left knee, dated 12/09/2014, showed tricompartmental osteoarthritis, associated with full-thickness articular damage, reactive sclerosis, and bone on bone involving the lateral patellofemoral compartment. X-ray of the lumbar spine, dated 11/25/2014, noted slightly narrow disc space L4-5 and L5-S1. X-ray of the bilateral knees, dated 11/25/2014, noted small joint effusion right knee and marked patellofemoral loss of cartilage in the left. Magnetic resonance imaging of the lumbar spine, dated 9/20/2014, noted disc desiccation L4-5, 3mm bulge L5-S1, and mild to moderate neural foraminal stenosis. On 1/07/2015, Utilization Review non-certified a request for gym membership (2x week x3 weeks) for low back and bilateral knees, noting the lack of compliance with Official Disability Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gym Membership 2wks x 3wks for low back and Bilateral Knees: Overturned

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, Gym Membership and Knee and Leg, Gym Membership

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 6 Low Back - Lumbar & Thoracic (Acute & Chronic), Gym memberships, p87

Decision rationale: The claimant is more than one and one half years status post work-related injury and continues to be treated for chronic low back and bilateral knee pain. Treatments have included physical therapy with gym based exercises and the claimant wants to continue exercising with goals including weight loss. In this case, the claimant appears motivated to continue an independent gym based exercise program. The requested membership is therefore medically necessary. Continued use can be considered if can be documented that the patient is using the facility at least 3 times per week and following a prescribed exercise program. In this case, the requested gym based program is within guideline recommendations and therefore medically necessary.