

<b>Case Number:</b>	CM15-0026179		
<b>Date Assigned:</b>	02/18/2015	<b>Date of Injury:</b>	01/28/2002
<b>Decision Date:</b>	04/22/2015	<b>UR Denial Date:</b>	02/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/10/2015

### 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: 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 male, with a reported date of injury of 01/28/2002. The diagnoses include infected right pre-patella bursitis, right tibial osteomyelitis, and right knee pyarthrosis. Treatments have included an MRI of the right knee on 12/15/2014 with extensive pre-tibial abscess, and oral pain medications. The progress report dated 01/29/2015 indicates that the injured worker was taking pain medications for his back only. The objective findings included a healed incision on the right knee, with no redness, indurate medial tibial soft tissue without fluctuance, and range of motion at 5-100 degrees. The treating physician recommended independent gym program for six months to decrease weight with exercise bike and possibly pool therapy. On 02/06/2015, Utilization Review (UR) denied the request for Independent Gym Program membership for six months. The UR physician noted that it was not clear how well the injured worker may or may not be able to participate in any exercise regimen at a gym. The non-MTUS Official Disability Guidelines were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Independent Gym Program QTY: 6: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 347. Decision based on Non-MTUS Citation Work Loss Data Institute, Official Disability Guidelines (ODG) 11th Edition 2013 Knee Chapter (9/13/13), (11/22/13).

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

**Decision rationale:** According to guidelines it states gym memberships are not recommended due to no medical professional observing therapy. According to the medical records there is no diagnosis to support a gym membership. Based on this it is not medically necessary.