

Case Number:	CM15-0211673		
Date Assigned:	10/30/2015	Date of Injury:	01/12/2012
Decision Date:	12/11/2015	UR Denial Date:	09/30/2015
Priority:	Standard	Application Received:	10/27/2015

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 39 year old male with an industrial injury dated 01-12-2012. A review of the medical records indicates that the injured worker is undergoing treatment for right knee medial and lateral meniscus tear with partial thickness anterior cruciate ligament (ACL) tear status post arthroscopy in May of 2012, left knee lateral meniscus tear with tricompartmental chondromalacia and osteoarthritis, bilateral knee tricompartmental osteoarthritis and chondromalacia, cervical disc herniation and medication-induced gastritis. According to the progress note dated 09-28-2015, the injured worker reported ongoing bilateral knee pain, left greater than right, neck pain with associated cervicogenic headaches, left shoulder pain and lower back pain. Pain level was 7 out of 10 on a visual analog scale (VAS). Objective findings (08-24-2015, 09-28-2015) revealed decreased cervical range of motion, bilateral tenderness to palpitation with increased muscle rigidity, numerous trigger points. Lumbar spine exam revealed tenderness to palpitation, trigger points, taut bands and decreased lumbar spine range of motion. Bilateral knee exam revealed tenderness to palpitation along the medial and lateral joint lines and positive crepitus. Treatment has included X-ray of knees, Left Knee MRI, Right Knee MRI, Cervical spine MRI, Left shoulder MRI, prescribed medications, cortisone injections, 12 sessions of aqua therapy, stretching exercises, physical therapy and periodic follow up visits. The utilization review dated 09-30-2015, non-certified the request for Gym membership.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gym membership: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg. Gym membership.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Exercise.

Decision rationale: It can be expected that the patient had been instructed in an independent home exercise program to supplement the formal physical therapy the patient had received and to continue with strengthening post discharge from PT. Although the MTUS Guidelines stress the importance of a home exercise program and recommend daily exercises, there is no evidence to support the medical necessity for access to the equipment available with a gym/pool membership versus resistive thera-bands to perform isometrics and eccentric exercises. It is recommended that the patient continue with the independent home exercise program as prescribed in physical therapy. The accumulated wisdom of the peer-reviewed, evidence-based literature is that musculoskeletal complaints are best managed with the eventual transfer to an independent home exercise program. Most pieces of gym equipment are open chain, i.e., the feet are not on the ground when the exercises are being performed. As such, training is not functional and important concomitant components, such as balance, recruitment of postural muscles, and coordination of muscular action, are missed. Again, this is adequately addressed with a home exercise program. Core stabilization training is best addressed with floor or standing exercises that make functional demands on the body, using body weight. These cannot be reproduced with machine exercise units. There is no peer-reviewed, literature-based evidence that a gym membership or personal trainer is indicated nor is it superior to what can be conducted with a home exercise program. There is, in fact, considerable evidence-based literature that the less dependent an individual is on external services, supplies, appliances, or equipment, the more likely they are to develop an internal locus of control and self-efficacy mechanisms resulting in more appropriate knowledge, attitudes, beliefs, and behaviors. Submitted reports have not demonstrated indication or necessity beyond guidelines criteria. The Gym membership is not medically necessary and appropriate.