

Case Number:	CM15-0042133		
Date Assigned:	03/12/2015	Date of Injury:	12/20/2012
Decision Date:	04/22/2015	UR Denial Date:	02/13/2015
Priority:	Standard	Application Received:	03/05/2015

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 66 year old male, who sustained an industrial injury on 12/20/12. He reported left knee pain. The injured worker was diagnosed as having osteoarthritis left knee, flexion contracture, medial meniscal tear and knee pain. Treatment to date has included physical therapy, Flexor patch, home exercise program and total left knee replacement 1/24/14. Currently, the injured worker complains of knee pain aggravated with certain activities. The injured worker noted physical therapy has been beneficial and he continues to exercise on his own, however he would like to have more movement of the knee. The treatment plan is to continue home exercise plan and a 6-month gym membership.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 Month Gym Membership: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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 memberships.

Decision rationale: This patient presents with knee pain. The request is for [REDACTED] 6 MONTH GYM MEMBERSHIP on 02/05/15. The patient's work status is temporarily totally disabled since 11/24/14 per 02/05/15 report. MTUS and ACOEM guidelines are silent regarding gym membership. However, the following is stated in ODG guidelines on Gym membership for Knee Chapter states that "it may be reasonable if home exercise has been ineffective and if there is a need for a special equipment." Per 02/05/14 report, the patient reports the pain level is at 6/10. The treater states that the "patient has completed post op physical therapy and is aware of a home exercise program." Goal of Gym membership x6 months is to allow patient to focus on an individual exercise program and return to normal function. In this case, a six-month trial may be reasonable; however, the treater does not state why the patient is unable to exercise at home and what special equipments are medically needed for an effective exercise. The request IS NOT medically necessary.