

Case Number:	CM15-0044126		
Date Assigned:	04/13/2015	Date of Injury:	07/19/2010
Decision Date:	05/04/2015	UR Denial Date:	03/02/2015
Priority:	Standard	Application Received:	03/09/2015

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: Texas, Florida, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 7/19/2010. Diagnoses include left knee pain status post left knee arthroscopy (5/02/2011), bilateral lower extremity weakness of unknown origin and Bell's palsy of probable industrial causation. Treatment to date has not been included. Per the Primary Treating Physician's Progress Report dated 2/11/2015, the injured worker reported stabbing and burning left knee pain rated as 6/10, right knee pain rated as 3/10, stabbing left shoulder pain rated as 2/10, stabbing right shoulder pain rated as 3/10 and stabbing low back pain rated as 8/10. Physical examination of the left knee revealed swelling and significant atrophy of the quadriceps and hamstring muscles. There was hamstring tenderness and tenderness in the medial and lateral joint lines. Patellar grind maneuver was positive. He uses bilateral axillary crutches to ambulate. There was weakness on the left side of his face with evidence of Bell's palsy. Physical therapy, bilateral knee braces and a gym membership were recommended and authorization was requested on 2/11/2015.

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: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 47-48.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low back and other chapters, regarding Gym programs.

Decision rationale: The current California web-based MTUS collection was reviewed in addressing this request. The guidelines are silent in regards to this request. Therefore, in accordance with state regulation, other evidence-based or mainstream peer-reviewed guidelines will be examined. The ODG notes regarding Gym Programs: Not recommended as a medical prescription unless a documented home exercise program with periodic assessment and revision has not been effective and there is a need for equipment. Plus, treatment needs to be monitored and administered by medical professionals. While an individual exercise program is of course recommended, more elaborate personal care where outcomes are not monitored by a health professional, such as gym memberships or advanced home exercise equipment may not be covered under this guideline, although temporary transitional exercise programs may be appropriate for patients who need more supervision. In this case, I did not find medical oversight of this care. With unsupervised programs, there is no information flow back to the provider, so he or she can make changes in the prescription, and there may be risk of further injury to the patient. Gym memberships, health clubs, swimming pools, athletic clubs, etc., would not generally be considered medical treatment. The request is appropriately considered not medically necessary.