

Case Number:	CM15-0083121		
Date Assigned:	05/05/2015	Date of Injury:	06/13/2013
Decision Date:	06/03/2015	UR Denial Date:	04/13/2015
Priority:	Standard	Application Received:	04/30/2015

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 56 year old male, who sustained an industrial injury on 06/13/2013. He reported that a structure collapsed on him causing his right knee and right foot to be pushed in a forward twist. The injured worker was diagnosed as having pain to joint in the lower leg. Treatment to date has included recent completion of a functional restoration program, home exercise program, status post right knee arthroscopy with anterior cruciate ligament (ACL) repair, medication regimen, magnetic resonance imaging of the right knee, and physical therapy. In a physician report dated 04/06/2015 the treating physician indicates complaints of right knee pain that is rated a five out of ten on a visual analog scale. The treating physician also noted tenderness to the right medial joint line and an antalgic gait. The treating physician requested a thirteen week health club membership with pool and a personal trainer with the treating physician noting that the injured worker has recently completed a functional restoration program and is on a home exercise program, but continues to experience pain that worsens with walking up and down stairs, extended sitting and/or walking, and with driving. The treating physician is requesting that the injured worker use equipment that the injured worker does not have at home to continue his treatment and would benefit from a personal trainer, and pool access to improve strength and conditioning without putting compression on the spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Health club membership with pool and personal trainer for 13 weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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-Lumbar & Thoracic (Acute & Chronic), Gym memberships and Other Medical Treatment Guidelines American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 6: p87.

Decision rationale: The claimant sustained a work injury nearly 2 years ago and continues to be treated for right knee pain. He underwent an ACL repair in December 2013. Treatments have included a functional restoration program including instruction in a home exercises. When seen, he had a near ideal body weight. A normal musculoskeletal examination is documented. Authorization for a gym membership with pool access and personal trainer was requested. A gym membership is 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. In this case, there is no evidence that the claimant's current home exercise program has been revised or that there is a need for specialized equipment. Therefore, the requested Health club membership is not medically necessary.