

Case Number:	CM15-0085775		
Date Assigned:	05/07/2015	Date of Injury:	10/29/2010
Decision Date:	06/09/2015	UR Denial Date:	04/21/2015
Priority:	Standard	Application Received:	05/04/2015

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: Ohio, North Carolina, Virginia
 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 56 year old male, who sustained an industrial injury on 10/29/2010. The mechanism of injury is unclear. The injured worker was diagnosed as having prosthetic joint implant failure, traumatic arthropathy of lower leg, status post knee replacement. Treatment to date has included left total knee revision, medications, icing, physical therapy, and x-rays. The request is for a gym membership for one year. On 1/3/2015, he complains of chronic stiffness to the left knee, along with some discomfort. He reported having been working out regularly and his gym program expiring. The records indicate he does some lifting, and stationary bike riding. On 1/20/2015, he was seen by AME for his left knee and upper extremity. He complained of left knee stiffness and loss of full flexion. His range of motion is noted to be 180 degrees extension, 90 degrees flexion which is noted to be a 5 degree improvement over a previous measurement. On 4/14/2015, he had minimal complaints of pain. The record indicated he greatly benefits from a gym program by reducing pain and helping his strength. The treatment plan included: renewing a one year gym membership.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gym membership for 1 year: 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 & Leg (updated 02/27/2015)- Online Version.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines. Knee and leg chapter. Gym memberships section.

Decision rationale: The injured worker is s/p revision left total knee arthroplasty. A review of the provided medical record indicated recently that he was without significant functional limitation. His functionality approximated that which he achieved after the first series of knee surgeries. The injured worker has been released to employment as a lead custodian. He had been working out at [REDACTED] three days a week until before 12-29-2014 and subsequently he had been working out on his own, lifting weights and riding a stationary bike. Regarding gym membership, the Official Disability Guidelines state that they are not recommended as a medical prescription unless a home exercise program 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 instance, it appears that the injured worker is at his functional baseline which was achieved after his first set of left knee surgeries. The provided medical documentation does not specify that there is a need for medical equipment that the injured worker does not possess. Additionally, the requested service is for a gym membership which is to be medically unsupervised. Therefore, a gym membership for one year is not medically appropriate and necessary based upon the submitted medical record and with reference to the cited guidelines.