MAXIMUS Federal Services

Case Number:	CM15-0086615		
Date Assigned:	06/16/2015	Date of Injury:	05/02/1989
Decision Date:	07/17/2015	UR Denial Date:	04/20/2015
Priority:	Standard	Application Received:	05/05/2015

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: 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:

This is a 63 year old male with a May 2, 1989 date of injury. A progress note dated April 8, 2015 documents subjective findings (lower back pain; improved right knee pain), objective findings (well healed portal incisions on the right knee; slight swelling of the right knee; pain with direct palpation along the medial joint line; tenderness with spasming and guarding to the para lumbar muscles; pain with lumbar spine range of motion; enlargement with exquisite pain with direct palpation at the left L4-5 and L5-S1 facets), and current diagnoses (right knee tricompartmental arthritis; right knee pain; lumbago without radiculopathy). Treatments to date have included aquatic therapy, Euflexxa injections to the right knee (pain improved), right knee surgery (January 8, 2009), neoprene knee sleeve, and medications. The medical record indicates that aquatic therapy has been beneficial for the lower back pain and knee pain; specifically, use of the pool, jacuzzi, and sauna provide relief of the knee pain and lumbar spine pain, and provide strength. The medical record notes that the injured worker does not have access to these modalities without a gym membership. The treating physician documented a plan of care that included 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:

1 One year Gym membership: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back - Lumbar & Thoracic (Acute & Chronic), Gym Memberships.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg/Gym Membership.

Decision rationale: The MTUS Guidelines do not address the use of gym membership. The ODG does not recommend gym membership as a medical prescription unless a home exercise program has not been effective and there is a need for equipment. There may be poor participation by the injured worker, but there is no evidence that having a gym membership improves participation. There is also no indication that the exercises that the injured worker needs to perform require special equipment that may necessitate a gym membership. The request for 1 one year Gym membership is not medically necessary.