

Case Number:	CM15-0088605		
Date Assigned:	05/12/2015	Date of Injury:	09/29/2010
Decision Date:	06/12/2015	UR Denial Date:	04/21/2015
Priority:	Standard	Application Received:	05/08/2015

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: New York

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease

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 60-year-old female who sustained an industrial injury on September 29, 2010. Previous treatment includes physical therapy and surgical intervention. A physician's evaluation on November 13, 2014 revealed the injured worker was having improvement with therapy and her pain was decreased. The knee was slightly warm and no fluid was present. On January 28, 2015, the injured worker was evaluated and the evaluating physician noted that the injured worker was spending time in therapy trying to regain motion. The knee continued to be warm. Diagnoses associated with the request include arthritis of the right knee. The treatment plan includes repeat arthroscopic surgery to release intraarticular adhesions and continued therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Year Gym membership for water aerobics: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

Decision rationale: The patient is a 60-year-old female with an injury on 09/29/2010. She has arthritis of her right knee. ODG notes that for knee injuries a gym membership is not recommended. Outcomes are not monitored by a health professional. She has already had physical therapy and by this point in time should have been transitioned to a home exercise program. A gym membership is not medically necessary.