

<b>Case Number:</b>	CM15-0233059		
<b>Date Assigned:</b>	12/08/2015	<b>Date of Injury:</b>	03/19/2013
<b>Decision Date:</b>	01/20/2016	<b>UR Denial Date:</b>	11/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/30/2015

### 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: Texas, California  
 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 40 year old female with an industrial injury date of 03-19-2013. Medical record review indicates she is being treated for status post left knee arthroscopy on 10/4/13 with extensor debridement of hypertrophic synovitis and an inflamed medial plica with significant residual, reactive depression and diabetes (non-occupational). Subjective complaints (11-02-2015) included pain around and behind the patella rated as 3 out of 10. The treating physician noted her sitting and standing tolerance two and half hours and walking three hours. She also complained of experiencing grinding and locking in the left knee with intermittent weakness. Work status is documented as modified duty. Current medications (11-02-2015) included Tylenol Extra Strength and Voltaren gel. Other medication list includes Norco, Flexeril, Effexor, Naproxen, Wellbutrin, Ultram, and Protonix. Prior treatment included TENS unit, medications, chiropractic treatments and functional restoration program. Objective findings (11-02-2015) noted a slow gait. There was moderate atrophy of the left quad noted. She had full strength in both lower extremities and full range of motion with positive crepitus. There was tenderness around the patella and behind the knee. On 11-11-2015 the request for 3 months gym membership was non-certified by utilization review. Per the note dated 11/2/15 the patient had complaints of left knee pain and weakness. Physical examination of the left knee revealed moderate atrophy, crepitus, and tenderness on palpation. The patient had received an unspecified number of PT and chiropractic visits for this injury. The patient has had history of severe depression and mild anxiety. The patient had X-ray of the left knee on 11/4/14 that revealed narrowing of the joint space.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **3 months Gym Membership: Upheld**

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Low Back (updated 12/02/15) Gym memberships.

**Decision rationale:** 3 months Gym Membership. ACOEM/MTUS guideline does not address for this request. Hence, ODG is used. Per the ODG guidelines, 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." Contraindications to a home exercise program were not specified in the records provided. A medical need for exercise equipment was not specified in the records provided. Patient has received an unspecified number of PT and aquatic therapy visits for this injury. A detailed response to conservative therapy was not specified in the records provided. The rationale for a 3 months Gym Membership was not specified in the records provided. A valid rationale as to why remaining rehabilitation cannot be accomplished in the context of an independent home exercise program is not specified in the records provided. It is deemed that the request for a 3 months Gym Membership is not medically necessary in this patient.