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| Case Number: | CM15-0235104 | | |
| Date Assigned: | 12/10/2015 | Date of Injury: | 10/26/2010 |
| Decision Date: | 01/20/2016 | UR Denial Date: | 11/18/2015 |
| Priority: | Standard | Application Received: | 12/01/2015 |

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, West Virginia, Pennsylvania
 Certification(s)/Specialty: Emergency 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:

The injured worker is a 51 year old male who sustained an industrial injury on 10-26-2010. According to a partially legible handwritten progress report dated 11-03-2015, subjective complaints included the lumbar spine which was noted as failing to progress as expected with treatment. Pain level was rated 9 on a scale of 0-10. The right knee was noted as well controlled with treatment. Pain level was rated 4. The left knee was noted as failing to progress as expected with treatment. Pain level was rated 6. The injured worker was not working. There was tenderness of the paraspinal muscles with spasm noted. Straight leg raise was negative. Examination of the knee demonstrated tenderness of the medial joint line and peri-patellar. Positive PFC was noted. Diagnoses included status post right knee scope on 06-03-2015 with severe chondromalacia, thoracic lumbar sprain strain right lower extremity radiculitis, 3 mm disc protrusion L5-S1 and spondylosis, left knee severe chondromalacia and stress, anxiety, sleep and depression. The treatment plan included 6 month gym membership with pool for self-guided program to lumbar spine and bilateral knee and consider left knee surgery once right knee symptoms improve. Follow up was indicated in 6 weeks. Documentation submitted for review showed that prior to the request for gym membership with pool that the injured worker was seen on 09-30-2015 for an initial physical therapy evaluation. Goals included: independency with home exercise program in 3 visits, participation in full recreational activities in 6 weeks, increase lumbar range of motion and strength to within normal limits and report decreased pain. An authorization request dated 11-03-2015 was submitted for review. The requested services

included gym membership with pool. On 11-18-2015, Utilization Review non-certified the request for gym membership with pool.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gym membership with pool: 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), Low Back Chapter, 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) Gym memberships.

Decision rationale: Guidelines state that a gym membership is not recommended as a medical prescription unless a documented home exercise perform with periodic assessment and revision has not been effective and there is a need for equipment. In this case, there is no documentation of prior physical therapy nor is there any indication that a specific home exercise program has been tried and failed. There is no justification for equipment. In this case, the request for a gym membership is not medically appropriate and necessary.