

Case Number:	CM14-0111441		
Date Assigned:	08/01/2014	Date of Injury:	03/25/2002
Decision Date:	09/30/2014	UR Denial Date:	07/14/2014
Priority:	Standard	Application Received:	07/17/2014

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. The expert reviewer is Board Certified in Physical Medicine, Rehabilitation and Pain Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 62-year-old male who reported an injury on 03/25/2002. The mechanism of injury was not provided. On 07/03/2014, the injured worker presented for a followup related to the bilateral knees. Prior surgery included a left knee quadriceps tendon repair and lateral meniscus debridement. Upon examination of the left knee, there were benign incisions, range of motion was 0 to 15 degrees extensor lag with flexion with 120 degrees. There was intact extensor mechanism to palpation and distal nerve vascular examination was intact. There were no imaging results included. The diagnoses were osteoarthritis of the knee, hemarthrosis of the knee, joint pain in ankle and foot, mechanical complication of internal orthopedic device, implant and/or graft. Prior therapy included surgery and medications. The provider recommended 3 month gym membership for independent exercise and strengthening. The Request for Authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

3 Month Gym Membership for Independent Exercise & Strengthening: 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) Low Back, Gym Membership.

Decision rationale: The request for 3 Month Gym Membership for Independent Exercise & Strengthening is not medically necessary. The Official Disability Guidelines recommend exercise as part of a dynamic rehabilitation program, but note that gym membership is not recommended as a medical prescription unless a home exercise program has not been effective and there is a need for equipment. Exercise treatment needs to be monitored and administered by medical professionals. There is no documentation of failed home exercise or the injured worker's need for specific equipment that would support the medical necessity for a gym membership. The medical documents provided lacked evidence of functional improvement from previous gym participation. As such, the request is not medically necessary.