

<b>Case Number:</b>	CM14-0112382		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	03/08/2004
<b>Decision Date:</b>	09/26/2014	<b>UR Denial Date:</b>	07/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/18/2014

### 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 Family 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:

This 67-year old upholsterer reported an L knee injury after trying to transfer all of his body weight onto his L knee on 3/6/04. Current diagnosis is degenerative joint disease (DJD) of his L knee. Treatment has included L knee arthroscopy and a total replacement of the L knee done 4/16/11(14). He was approved for a one-year gym membership prior to the knee replacement from 12/20/10 through 12/20/11. He also was approved for 28 sessions of postoperative PT after the knee replacement. Per a 6/27/14 progress note from the primary physician, the patient has made excellent symptomatic progress after the surgery. His leg feels weak and he wants to do exercises. There is no knee instability or quadriceps weakness. The patient is obese (BMI 34.3) and has a mildly right antalgic gait. Range of motion is not documented. The note includes a request for a one-year renewal of the patient's 2010-2011 gym membership. A rationale is given which is difficult to read but may say "that will be helpful for him to manage being overweight and other consequences of obesity". A request for a one-year gym membership was submitted on 7/3/14 and non-certified in UR on 7/11/14. A request for IMR regarding this decision was generated on 7/18/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 year gym membership:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines /Knee & Leg

(Acute & Chronic) (updated 06/07/13)-Disability duration guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Functional Improvement,; Exercise Page(s): 9; 47, Postsurgical Treatment Guidelines Page(s): 24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee chapter, gym memberships.

**Decision rationale:** Per the first guideline cited above, all therapies should be focused on the goal of functional improvement rather than just pain elimination. Per the second reference, there is strong evidence that exercise programs are superior to programs which do not include exercise, but there is no sufficient evidence to support the recommendation of any particular exercise regimen over any other exercise regimen. Exercise programs should emphasize education, independence and the importance of an ongoing exercise regimen. The MTUS postsurgical guidelines recommend 24 PT visits over a period of 10 weeks after knee arthroplasty. The ODG reference states that a gym program is not recommended unless a home exercise program has not been effective and there is a need for equipment. In addition, it is recommended that treatment be monitored by a health care professional, which is not the case with a gym membership. The clinical findings in this case are not in accordance with the above guidelines. The patient has already been authorized to have 28 postoperative physical therapy sessions, which should be more than adequate according to ODG postoperative guidelines. The primary physician has documented that the patient has full strength of his quadriceps. He has not identified any functional deficit or goal that could only be addressed by a gym program. What he has documented makes it appear that the current PT program, which should have included a home exercise program, is working well. A gym membership is not in alignment with the goal of independence in an exercise program and in fact reinforces the patient's perception that he needs outside help and equipment. A vague statement that a gym program may help this patient with weight loss does not constitute a careful assessment of the patient's functional status and goals, and is not an acceptable rationale for a gym program. Based on the evidence-based references above and the clinical findings in this case, a one-year gym program is not medically indicated. There is no documentation of a functional deficit or goal that could only be addressed by a gym program, and because the documented evidence in fact demonstrates that the patient is doing well without a gym program. Therefore the request is not medically necessary.