

<b>Case Number:</b>	CM14-0117001		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	01/06/2005
<b>Decision Date:</b>	11/03/2014	<b>UR Denial Date:</b>	07/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/25/2014

### 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 General Surgery, has a subspecialty in Surgical Critical Care and is licensed to practice in Texas. 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 67 year old male who was reportedly injured on 1/6/2005. The mechanism of injury is noted as cumulative trauma. Diagnoses are listed as osteoarthritis unspecified whether generalized or localized involving lower leg (715.96) and pain in joint site unspecified (719.40). The most recent progress note, dated 4/30/2014, indicated that there were ongoing complaints of bilateral knee pains. The physical examination demonstrated pain over the medial compartment and retropatellarly, mild effusion as well in the left knee, ambulates with a mildly crouched gait, left knee range of motion was 5-115 of flexion with positive patellar inhibition test and apprehension test, tenderness over medial collateral ligament and medial joint line, the ligamentous stability of the left knee is difficult to evaluate as he does not relax, central nervous system is intact, and peripheral pulses are intact. No recent diagnostic studies are available for review. He is status post right total knee arthroplasty, degenerative arthritis at the left knee, osteoarthritis of the knees, obesity as of 5/16/06. Previous treatment included right knee surgery, medications, physical therapy, and conservative treatment. Current medications include Naproxen, Omeprazole, Tizanidine, and Tramadol. A weight loss program was strongly recommended at this visit. A request was made for gym membership and was denied in the pre-authorization process on 7/10/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Gym Membership (QTY: 1): Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines Exercise. Decision based on Non-MTUS Citation Official Disability Guidelines - TWC; Work Loss Data Institute (Lumbar Spine, 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): Shoulder, Gym Membership, Updated August 27, 2014

**Decision rationale:** According to the Official Disability Guidelines, a gym membership is not recommended as a medical prescription unless a home exercise program has not been effective and there is need for additional equipment. Additionally, treatment in a gym environment needs to be monitored and administered by medical professionals. According to the attached medical record, there is no documentation that home exercise program is ineffective or inadequate. Considering this, the request for a gym membership is not medically necessary.