

<b>Case Number:</b>	CM14-0148529		
<b>Date Assigned:</b>	09/18/2014	<b>Date of Injury:</b>	03/02/2004
<b>Decision Date:</b>	11/12/2014	<b>UR Denial Date:</b>	08/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/12/2014

### 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 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:

According to the records made available for review, this is a 63-year-old female with a 3/2/04 date of injury. At the time (8/6/14) of request for authorization for Replacement of Patellar Tendon Strap and One year gym membership in lieu of additional physical, there is documentation of subjective (bilateral knee pain) and objective (patellar tendon strap noted, tenderness over the medial joint line, positive crepitus, and pain on patellar compression) findings, current diagnoses (left knee medial meniscal tear and bilateral knee degenerative arthritis), and treatment to date (medications and physical therapy). Regarding replacement of patellar tendon strap, there is no documentation of a clear rationale for the replacement of DME already in use (malfunction or breakdown). Regarding gym membership, there is no documentation that a home exercise program with periodic assessment and revision has not been effective, there is a need for equipment, and that treatment is monitored and administered by medical professionals.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Replacement of patellar tendon strap therapy:** 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) Knee, Durable medical equipment (DME)

**Decision rationale:** MTUS does not address this issue. ODG identifies documentation that the requested durable medical equipment (DME) can withstand repeated use (i.e. could normally be rented, and used by successive patients); and is primarily and customarily used to serve a medical purpose, generally is not useful to a person in the absence of illness or injury, as criteria necessary to support the medical necessity of durable medical equipment. In addition, medical practice standard of care necessitate documentation of a clear rationale for the replacement of DME already in use, such as malfunction or breakdown. Within the medical information available for review, there is documentation of diagnoses of left knee medial meniscal tear and bilateral knee degenerative arthritis. However, there is no documentation of a clear rationale for the replacement of DME already in use (malfunction or breakdown). Therefore, based on guidelines and a review of the evidence, the request for replacement of patellar tendon strap therapy is not medically necessary.

**One year gym membership in lieu of additional physical therapy:** 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:** Decision based on MTUS Chronic Pain Treatment Guidelines Exercise Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg, Gym Membership

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines identifies that exercise programs, including aerobic conditioning and strengthening, are superior to treatment programs that do not include exercise. ODG identifies documentation that a home exercise program with periodic assessment and revision has not been effective, there is a need for equipment, and that treatment is monitored and administered by medical professionals, as criteria necessary to support the medical necessity of gym membership. Within the medical information available for review, there is documentation of diagnoses of left knee medial meniscal tear and bilateral knee degenerative arthritis. However, there is no documentation that a home exercise program with periodic assessment and revision has not been effective, there is a need for equipment, and that treatment is monitored and administered by medical professionals. Therefore, based on guidelines and a review of the evidence, the request for One year gym membership in lieu of additional physical is not medically necessary.