

Case Number:	CM14-0157205		
Date Assigned:	09/30/2014	Date of Injury:	04/03/2012
Decision Date:	10/28/2014	UR Denial Date:	08/26/2014
Priority:	Standard	Application Received:	09/25/2014

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 Physical Medicine and 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:

This is a 64-year-old female with a date of injury of 4/03/12. Mechanism of injury was a trip and fall, striking the right knee. The patient has severe patellofemoral degenerative changes and degenerative changes of the posterior horn of the medial meniscus as seen on MRI. A total knee replacement surgery has been recommended in the past, however the patient has currently elected not to undergo the surgery. Her case has been settled, and permanent disability has been determined. Patient has ongoing chronic pain affecting bilateral knees and low back secondary to an altered gait. The patient returned to follow up on 7/16/14, and a gym membership was requested x 6 months. This was submitted to Utilization Review, with an adverse determination rendered on 8/26/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gym membership x 12 months for right knee: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG (Official Disability Guidelines); Gym memberships

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG) Low Back/Knee, Gym memberships

Decision rationale: Gym memberships are not medical treatment or standard of care, and unsupervised exercise in patients with medical issues and no direct feedback to the healthcare provider can result in worsening the condition. Gym memberships are not recommended by guidelines and are not required for an effective home exercise program. A gym membership x 12 months for the right knee is not medically necessary.