MAXIMUS Federal Services

Case Number:	CM14-0212910		
Date Assigned:	12/30/2014	Date of Injury:	03/17/2005
Decision Date:	02/27/2015	UR Denial Date:	11/22/2014
Priority:	Standard	Application Received:	12/18/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: California
Certification(s)/Specialty: Physical Medicine & Rehabn

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 patient is a 58 year old male with an injury date of 03/17/05. Based on the 10/21/14 progress report provided by treating physician, the patient complains of sore left knee. Patient is status post right knee synovectomy 04/12/13 and left total knee arthroplasty 05/07/14. Physical examination to the leg revealed slight tenderness at quad insertion region on left knee. Range of motion is full. Patient's current medications include Augmentin and Tramadol. Per treater report dated 10/21/14, the patient to remain off-work.X-ray of the knee, date unknown, reveals well placed implants.Diagnosis (10/21/14)- Cervicalgia- Knee joint replaced by other means- Pain in joint involving pelvic region and thighThe utilization review determination being challenged is dated 11/22/14. The rationale follows: "The guidelines states the treatment need to be monitored and administered by a medical professional."Treatment reports were provided from12/17/13 to 10/21/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 month Gym membership: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee & Leg (Acute & Chronic)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg (Acute & Chronic) chapter, Gym memberships.

Decision rationale: The patient presents with sore left knee. The request is for 12 month Gym membership. Patient's current medications include Augmentin and Tramadol. The patient is not working.MTUS and ACOEM guidelines are silent regarding gym membership. The ODG guidelines state that gym memberships are "Not recommended as a medical prescription unless monitored and administered by medical professionals. While a home exercise program is of course recommended, more elaborate personal care where outcomes are not monitored by a health professional, such as gym memberships or advanced home exercise equipment, may not be covered under this guideline, although temporary transitional exercise programs may be appropriate for patients who need more supervision." Per progress report dated 10/21/14, treater's reason for gym membership is to allow treadmill access to patient. Treater also states, "Walking for an hour at night helps a lot but finding that even on level ground noting some proximal knee soreness." However, there are no details about the need for the use of specialized equipment. The treater does not explain why the patient is not able walk on land and the medical necessity for a treadmill is not established. Furthermore, there is no plan for medical supervision at the gym. Therefore, this request is not medically necessary.