

Case Number:	CM14-0216789		
Date Assigned:	01/06/2015	Date of Injury:	02/18/2010
Decision Date:	02/28/2015	UR Denial Date:	11/25/2014
Priority:	Standard	Application Received:	12/26/2014

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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

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 44 year old male with date of injury 2/18/00. The mechanism of injury is not stated in the available medical records. The patient has complained of left knee pain and low back pain since the date of injury. He has been treated with 3 left knee surgeries, physical therapy and medications. Plain films of the lumbar spine dated 11/2014 revealed grade 1 anterolisthesis of L4 on L5. Objective: decreased and painful range of motion of the lumbar spine, tenderness to palpation of the bilateral lumbar spine musculature. Diagnoses: osteoarthritis, chronic low back pain. Treatment plan and request: gym membership 3-6 months for the left knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gym membership 3 to 6 months for the left knee: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: This 44 year old male has complained of left knee pain and low back pain since the date of injury. He has been treated with 3 left knee surgeries, physical therapy and medications. The current request is for gym membership 3-6 months for the left knee. This patient has previously been treated with physical therapy sessions pre-operatively and post-operatively. There is inadequate documentation supporting why the patient cannot continue knee exercises on a home exercise program. On the basis of the MTUS guidelines and the patient's previous treatments, the request for a gym membership is not indicated as medically necessary.