

Case Number:	CM14-0218456		
Date Assigned:	01/08/2015	Date of Injury:	08/31/2000
Decision Date:	03/05/2015	UR Denial Date:	12/22/2014
Priority:	Standard	Application Received:	12/30/2014

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: New Jersey, New York
 Certification(s)/Specialty: Family Practice

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 forty-nine year old female who sustained a work-related injury on August 31, 2000. She was diagnosed with left knee osteoarthritis status post arthroscopy and right knee pain. A request for six months of gym membership was noncertified by Utilization Review (UR) on December 22, 2014. The UR physician utilized the Official Disability Guidelines in the determination. The ODG does not recommend gym memberships as a medical prescription unless a home exercise program has not been effective and there is a need for equipment. Plus, treatment needs to be monitored and administered by medial professions. The UR physician determined that there was no indication that the exercise the injured worker would be performing in a gym would be supervised by a medical professional. A request for Independent Medial review was initiated on December 30, 2014. Documentation submitted for IMR included medical evaluations from June 20, 2014 through December 10, 2014. On December 10, 2014 the injured worker was evaluated. The evaluating physician noted that the injured worker was status post left knee medial and lateral menisectomy on 11/8/2012. She had a chief complaint of left worse than right knee pain which was progressive since 2000. Previous surgeries included possible arthroscopic medial menisectomy for the left knee, wedge osteotomy and complications, multiple subsequent surgeries. She had an injection of the left knee for pain management which helped temporarily. She has completed aqua therapy, land therapy and 24 physical therapy visits. The evaluating physician noted that she has had new onset of exquisite anterior knee tenderness and her bilateral knees are staring to swell. The physician noted that physical therapy had been of benefit. On examination the injured worker had tenderness to

palpation of both knees. X-rays revealed valgus left knee, healed tibial osteotomy and mild to moderate degenerative changes of the left knee. The plan included left knee unloader brace. Her work status included work with restrictions. The evaluating physician noted that due to bilateral knee pain and weight gain, the injured worker would benefit from a gym membership that included a pool. She was unable to do land workouts due to knee pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 Months 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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Gym memberships

Decision rationale: The request is not medically necessary. MTUS guidelines do not address gym memberships, therefore ODG guidelines were used. According to ODG, gym memberships are not considered medical treatment and are not recommended as part of a medical prescription unless a "documented home exercise program with periodic assessment and revision has not been effective and there is a need for equipment." The patient is being treated for bilateral knee pain. There would be no supervision provided for workouts at the gym, so periodic assessment of progress with adjustments to the exercise regimen would not be possible. Therefore, the request is considered not medically necessary.