

Case Number:	CM14-0218899		
Date Assigned:	01/08/2015	Date of Injury:	05/04/2010
Decision Date:	03/04/2015	UR Denial Date:	12/26/2014
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: Texas, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 69 year old female who suffered an unknown work related injury on 05/04/10. Per the physician notes from 12/09/14 she complains of ongoing and worsening pain in the right knee at 9-10/10. Prior treatments included medications and home exercise program which reduced pain to 6/10. Medications include Oxycodone and Ambien. Per the UR, she has also received corticosteroid injections as well as open reduction with internal fixation of the right patella and arthroscopy for patella fracture. right knee, The physical examination revealed limited range of motion of the right knee, tender joint lines, and crepitus. The recommended treatment is a one year gym membership as well as continued medications. The AME report is in agreement with this recommendation per the physician's report. On 12/26/14 Utilization Review noncertified the gym membership noting that was not a clinical, professionally-directed medical service and the recommended exercises such as walking, stretching and lifting can be safely executed in any setting. The ODG was cited. The denial was subsequently appealed for Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

One year 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 (ODG), Knee & Leg, Gym Memberships

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Knee & Leg (Acute & Chronic)

Decision rationale: The injured worker sustained a work related injury on 05/04/10. The medical records provided indicate the diagnosis of status post patella fracture and chondromalacia of the patella and femoral condyle of the right knee. Treatments have included Oxycodone and Ambien. Per the UR, she has also received corticosteroid injections. The medical records provided for review do not indicate a medical necessity for one year gym membership. The MTUS is silent on this. The Official Disability Guideline does not recommended Gym membership as a medical prescription unless a home exercise program has not been effective and there is a need for equipment. Also, treatment needs to be monitored and administered by medical professionals. Furthermore, the Official Disability Guidelines states that 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. The requested treatment is not medically necessary and appropriate.