

<b>Case Number:</b>	CM14-0219211		
<b>Date Assigned:</b>	01/09/2015	<b>Date of Injury:</b>	06/05/2001
<b>Decision Date:</b>	03/11/2015	<b>UR Denial Date:</b>	12/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/31/2014

### 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 & Rehabilitation

### 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 67 year old female sustained an industrial injury reported on 6/5/2001. She has reported continued and intermittent, moderate, dull pain, with residual weakness, in the right knee. The diagnoses have included status post right knee arthroscopy with advanced degenerative joint disease. Treatments to date have included consultations; diagnostic imaging studies; right knee arthroplasty surgery (5/16/14); physical therapy and home exercise program; and medication management. The injured worker was noted to have been classified as permanently partially disabled and has been returned to work with restrictions. On 12/18/2014 Utilization Review modified, for medical necessity, the request for a 1 year gym membership to afford this injured worker an independent exercise program for strengthening because the post-operative physical therapy that was requested, was denied; noting the ODG Guidelines for knee and leg, gym memberships, was cited. The 8/7/2014 orthopedic progress notes show the injured worker to be status post right knee total knee arthroplasty (no date given), and that a course of post-operative physical therapy and post-operative rehabilitative care recommended and requested. August 27, 2014 secondary physician's orthopedic progress report, 3.5 months post-op, states weakness in the right knee, and that although 18 visits have been done, guidelines allow minimum to 24 and that she should continue with her regimen. October 2014 secondary physician's orthopedic progress report, 6 months post-op, show right side weakness with strengthening of the right knee to be the focus. Physical therapy treatment notes from 7/29/2014 - 8/21/2014 were provided.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**gym membership for 1 year:** 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 and Leg- gym memberships

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Knee & leg chapter, Gym memberships

**Decision rationale:** The patient presents with dull, intermittent pain and residual weakness in the right knee, rated at 5/10, as per progress report dated 11/06/14. The request is for GYM MEMBERSHIP FOR 1 YEAR. The patient is status post right total knee arthroplasty on 05/16/14, and right knee arthroscopy with advanced degenerative joint disease. She is permanently partially disabled and has been allowed to work for a few hours each day, as per the same progress report. 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." In this case, the patient is status post TKA on 05/16/14. In progress report dated 11/06/14, the patient's primary care physician requests for 1 year of gym membership for "an independent exercise program for strengthening of her legs." In progress report dated 06/04/14, the patient's orthopedician states that the patient will continue her home exercise program to regain her strength. In report dated 07/16/14, the orthopedician states that the patient is receiving therapy and has been advised to exercise in between the therapy sessions "with an exercise cycle which she has access to." It is not clear why the patient cannot continue with the home exercise regimen or the exercise cycle. There is no documentation of specific objective and subjective outcomes with regards to gym membership. Additionally, there are no details about the need for the use of specialized equipment, and there are no plans for medical supervision at the gym. This request IS NOT medically necessary.