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| Case Number: | CM15-0105862 | | |
| Date Assigned: | 06/10/2015 | Date of Injury: | 11/06/2012 |
| Decision Date: | 07/13/2015 | UR Denial Date: | 05/19/2015 |
| Priority: | Standard | Application Received: | 06/02/2015 |

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 54 year old female, who sustained an industrial injury on 11/06/2012. She has reported injury to the right knee. The diagnoses have included osteoarthritis of knee; patellofemoral syndrome; and status post right knee arthroscopy, medial and lateral meniscectomies, synovectomy of medial gutter and intercondylar notch area, on 02/11/2014. Treatment to date has included medications, diagnostics, ice, physical therapy, and surgical intervention. Medications have included Norco, Lyrica, Celebrex, Meloxicam, Cyclobenzaprine, and Ambien. A progress report from the treating physician, dated 05/06/2015, documented an evaluation with the injured worker. Currently, the injured worker complains of continued right knee pain, primarily along the medial aspects of the joint; pain is aggravated with any type of standing or prolonged weight-bearing; she commonly has to rest and ice before she can advance; and she continues to require the Norco 1 or 2 tablets per day. Objective findings included mildly antalgic gait; and left lower extremity with tenderness to palpation of the medial femoral condyle and medial joint line. The treatment plan has included the request for gym membership 2-3 weeks to start.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gym membership 2-3 weeks to start: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Exercise, pages 46-47.

Decision rationale: It can be expected that the patient had been instructed in an independent home exercise program to supplement the formal physical therapy the patient had received and to continue with strengthening post discharge from PT. Although the MTUS Guidelines stress the importance of a home exercise program and recommend daily exercises, there is no evidence to support the medical necessity for access to the equipment available with a gym/pool membership versus resistive thera-bands to perform isometrics and eccentric exercises. It is recommended that the patient continue with the independent home exercise program as prescribed in physical therapy. The accumulated wisdom of the peer-reviewed, evidence-based literature is that musculoskeletal complaints are best managed with the eventual transfer to an independent home exercise program. Most pieces of gym equipment are open chain, i.e., the feet are not on the ground when the exercises are being performed. As such, training is not functional and important concomitant components, such as balance, recruitment of postural muscles, and coordination of muscular action, are missed. Again, this is adequately addressed with a home exercise program. Core stabilization training is best addressed with floor or standing exercises that make functional demands on the body, using body weight. These cannot be reproduced with machine exercise units. There is no peer-reviewed, literature-based evidence that a gym membership or personal trainer is indicated nor is it superior to what can be conducted with a home exercise program. There is, in fact, considerable evidence-based literature that the less dependent an individual is on external services, supplies, appliances, or equipment, the more likely they are to develop an internal locus of control and self-efficacy mechanisms resulting in more appropriate knowledge, attitudes, beliefs, and behaviors. The gym membership 2-3 weeks to start is not medically necessary and appropriate.