

Case Number:	CM15-0014732		
Date Assigned:	02/02/2015	Date of Injury:	04/01/2013
Decision Date:	03/27/2015	UR Denial Date:	12/22/2014
Priority:	Standard	Application Received:	01/26/2015

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, Arizona
 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 48-year-old male who reported an injury on 04/01/2013. The mechanism of injury involved a motor vehicle accident. The current diagnoses include right knee status post arthroscopy on 04/04/2014 and lumbar radiculopathy. The injured worker presented on 11/18/2014 with complaints of persistent low back pain and right knee pain. Previous conservative treatment includes ice therapy, TENS therapy and physical therapy. The current medication regimen includes Norco. Upon examination of the lumbar spine, there was tenderness to palpation, decreased flexion and extension, diminished motor strength in the right lower extremity, and decreased sensation in the entire right lower extremity. Recommendations at that time included a prescription for naproxen sodium 550 mg, a followup visit in 4 weeks, electrodiagnostic studies of the bilateral lower extremities, and a 6 month gym membership. There was no Request for Authorization form submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

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, Gym Memberships

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg Chapter, Gym membership.

Decision rationale: The Official Disability Guidelines do not recommend gym membership as a medical prescription unless a home exercise program has not been effective and there is a need for equipment. In this case, it is noted that the injured worker has participated in a previous course of physical therapy, and should be well versed in a home exercise program. There is no indication that the injured worker's home exercise program is not effective. There is also no indication of the need for specialized equipment. Given the above, the request is not medically appropriate at this time.