

<b>Case Number:</b>	CM15-0017001		
<b>Date Assigned:</b>	02/04/2015	<b>Date of Injury:</b>	10/22/2013
<b>Decision Date:</b>	03/30/2015	<b>UR Denial Date:</b>	01/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/28/2015

### 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:

This 49-year-old male sustained an industrial injury to the right knee on 10/22/13. Magnetic resonance imaging right knee (2/3/14) showed a large medial meniscus tear and an irregularity of the anterior cruciate ligament. Treatment included right knee arthroscopy with partial meniscectomy (7/31/14), physical therapy and medications. In a PR-2 dated 12/24/14, the injured worker complained of right knee pain 1-2/10 on the visual analog scale. The injured worker reported that he was improving strength and function. The injured worker could now use stairs and walk one block. Physical exam was remarkable for antalgic gait and right knee with a mild effusion, mild tenderness to palpation over the medial and tibial plateua with 5/5 strength, neutral alignment and no instability or crepitus. Current diagnoses included right knee sprain, right knee medial meniscus tear and right knee lateral meniscus tear. Work status was modified duty. The treatment plan included a three-month gym membership to help with leg strengthening. On 1/2/15, Utilization Review noncertified a request for 3 month gym membership, citing ODG guidelines. As a result of the UR denial, an IMR was filed with the [REDACTED].

### IMR ISSUES, DECISIONS AND RATIONALES

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

**3 Month 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-Knee and Leg (Acute and Chronic)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Exercise Page(s): 46-47. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg Chapter, Gym Memberships

**Decision rationale:** This patient presents with right knee pain and is s/p right arthroscopic surgery from 7/31/14. The patient states that physical therapy is helping with improving strength and function per 12/3/14 report. The treating provider has asked for 3 Month Gym Membership on 12/24/14. The patient is approved to start biking twice a week, for 5-7 minute periods, but can currently only walk a city block before he needs to stop and rest per 12/24/14 report. Regarding gym membership, ODG Guidelines only allow in cases where a documented home exercise program with periodic assessment and revision has not been effective and there is a need for equipment. In addition, treatment needs to be monitored and administered by medical professionals. The patient is currently working with restrictions as of 12/3/14. In this case, the patient is s/p right knee surgery and has been doing a home exercise program. It appears the treating provider is attempting to transition the patient from home exercises to a gym membership instead of physical therapy. However, the treating provider does not describe the need for any special equipment, or documentation that the current home exercise program has not been sufficient. The request is not medically necessary.