

Case Number:	CM15-0018723		
Date Assigned:	02/06/2015	Date of Injury:	12/17/2008
Decision Date:	03/31/2015	UR Denial Date:	01/23/2015
Priority:	Standard	Application Received:	02/02/2015

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, 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 49-year-old female who reported injury on 12/17/2008. The mechanism of injury was a slip and fall. The Request for Authorization submitted for review was dated 01/27/2015. The documentation of 01/06/2015 revealed the injured worker had neck and low back pain. The documentation of 01/06/2015 revealed the injured worker had returned to full duty. The injured worker was approved for right knee physical therapy, started physical therapy, and had more physical therapy scheduled. The injured worker was hoping to not take a lot of time off work to engage in extensive physical therapy and was requesting a 24 hour gym membership to continue strengthening her right knee. The objective findings revealed the injured worker had a gait that was slightly antalgic with weight bearing favoring on the left leg. The injured worker was ambulating without a cane. The medications included PENNSAID 2% pump and Norco 10/325 mg 1 by mouth 4 times a day for pain, as well as Nabumetone 500 mg 1 by mouth twice a day as needed pain and trazodone 50 mg #90. The treatment plan included a 6 months gym membership. The diagnosis included pain in joint lower leg. The injured worker was noted to have undergone 3 surgeries of the right knee, including a right knee total replacement and revision.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 month gym membership at 24 hour Fitness: 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 (Acute & Chronic)

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

Decision rationale: The Official Disability Guidelines indicate that gym memberships would not generally be considered medical treatment and are not covered under the Disability guidelines. The clinical documentation submitted for review indicated the injured worker preferred not to miss work due to physical therapy. However, there is a lack of documentation of exceptional factors to warrant nonadherence to guideline recommendations. Additionally, there was a lack of documentation indicating objective functional deficits to support the necessity for continued physical medicine treatment. Given the above, the request for 6 month gym membership at 24 hour fitness is not medically necessary.