

Case Number:	CM15-0112934		
Date Assigned:	06/19/2015	Date of Injury:	01/25/2013
Decision Date:	07/20/2015	UR Denial Date:	05/27/2015
Priority:	Standard	Application Received:	06/11/2015

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: North Carolina

Certification(s)/Specialty: Family Practice

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 55-year-old male who sustained a work related injury January 25, 2013, to his right knee. Past history included diabetes mellitus, hypertension, asthma, Hepatitis C, erythrocytosis and lymphocytosis, right shoulder arthroscopy, 2003, left knee arthroscopy with partial medial and lateral meniscectomy October, 2014, and right knee arthroscopy with partial medial and lateral meniscectomy February, 2015. According to a primary treating physician's progress report, dated May 20, 2015, the injured worker presented with continued neck pain, rated 3/10 with soreness and stiffness, lower back pain, rated 3/10 with soreness and stiffness, left hip pain, left knee pain, rated 4/10 with popping and clicking, and right knee pain, rated 4/10 with clicking and popping. Objective findings are documented as tenderness over L5 centrally. Diagnoses are musculoligamentous sprain of the cervical spine with disc bulges (5); musculoligamentous sprain of the lumbar spine with lower extremity radiculitis and disc bulges (2); internal derangement of the left hip with chondral loss at the anterior acetabulum; arthrosis left hip; trochanteric bursitis, left hip; tear medial and lateral meniscus left and right knee; osteoarthritis, bilateral knees. Treatment plan included discussion of medications, waiting determination of right shoulder pain and agreed medical evaluation, and at issue, a request for authorization for a gym membership.

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: Decision based on MTUS Chronic Pain Treatment Guidelines Exercise. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg Chapter, Gym Memberships.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, gym membership.

Decision rationale: The California MTUS and the ACOEM do not specifically address the requested service. The ODG states gym memberships are only indicated in the event that home exercise programs have failed. The membership has to be prescribed and administered by a medical professional. The provided clinical documentation for review does not meet these criteria and the request is therefore not medically necessary.