

<b>Case Number:</b>	CM15-0113393		
<b>Date Assigned:</b>	06/15/2015	<b>Date of Injury:</b>	12/12/2008
<b>Decision Date:</b>	07/14/2015	<b>UR Denial Date:</b>	05/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/04/2015

### 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 69 year old male who sustained an industrial injury on 12/12/2008. Diagnoses include status post joint replacement of the knee. Treatment to date has included diagnostic studies, total right knee replacement, surgery for right femur fracture, status post right knee revision on 12/24/2014, medications, physical therapy, home exercise program, knee brace, and use of a cane. A physician progress note dated 05/20/2015 documents the injured worker complains of significant pain when performing some yard work on a slope. Physical therapy has been helping relieve pain. He is taking Lyrica for pain with relief. On examination reveals range of motion 5-20 degrees. There is no instability present. There is unofficial documentation present that an X-ray of the right knee done 05/20/2015 showed revision implants in good position with no evidence of loosening. There is weakness in the quad and calf muscles. Treatment requested is for gym membership, 1 year, outpatient, for right knee.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Gym membership, 1 year, outpatient, for Right Knee: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**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 gym memberships. Per the Official Disability Guidelines, gym memberships are not recommended as a medical prescription unless a documented home exercise program with periodic assessment and revision has not been effective and there is a need for specialized equipment not available at home. Treatment needs to be monitored and administered by medical professionals. There is no included documentation, which shows failure of home exercise program. The criteria for gym membership as outlined above have not been met. Therefore, the request is not medically necessary.