

<b>Case Number:</b>	CM15-0114568		
<b>Date Assigned:</b>	06/22/2015	<b>Date of Injury:</b>	05/10/2012
<b>Decision Date:</b>	07/21/2015	<b>UR Denial Date:</b>	05/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/15/2015

### 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 42 year old male, who sustained an industrial injury on 05/10/2012 when he reported injuring both of his knees. The injured worker is currently working unrestricted and permanent and stationary. The injured worker is currently diagnosed as having status post left knee scope on 10/17/2012 and industrial injury to the bilateral knees. Treatment and diagnostics to date has included left knee MRI which showed small knee joint effusion and mild lateral patellar subluxation, left knee surgery, viscosupplementation to the left knee, and medications. In a progress note dated 05/05/2015, the injured worker presented for an orthopedic re-evaluation regarding his left knee. Objective findings include positive patellofemoral crepitation, positive grind, pain with deep squat, trace effusion, and tenderness to palpation to the left knee. The treating physician reported requesting authorization for a one year gym membership.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One year gym membership:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**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.