

Case Number:	CM15-0120573		
Date Assigned:	07/01/2015	Date of Injury:	07/24/2010
Decision Date:	08/04/2015	UR Denial Date:	06/02/2015
Priority:	Standard	Application Received:	06/22/2015

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: Texas, California

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:

This is a 51-year-old female patient, who sustained an industrial injury on 7/24/10. The diagnoses include cervical disc herniation; left wrist strain/sprain; left shoulder contusion; left anteromedial leg contusion; left ankle strain/sprain; oblique tear of the posterior horn of the medial meniscus left knee; chondromalacia left knee; radial styloid tenosynovitis. Per the doctor's note dated 6/1/2015, she had complaints of neck and low back pain. Per the PR-2 notes dated 5/22/15, she has completed her post-operative physical therapy along with a recent completion of Euflexxa injection in April 2015. She has begun to notice benefit from the injection therapy with a reduction in her pain as well as increase in activity tolerance. The provider notes she would benefit from more therapy now that the pain level is reduced. She had wrist tendonitis. She had complaints of pain in the 1st dorsal compartment left wrist. She is a status post 1st dorsal compartment release as of 1/5/13. She initially felt relief from the procedure and has "copious post-operative physical therapy with periodic episodes of physical therapy since surgical intervention." She continues to have discomfort in her wrist with similar symptoms that she experienced prior to the surgical intervention. She reported weakness along with weak grip strength in the left wrist. She has a cortisone injection and periodically wears a thumb spica brace to provide stability during any lifting or pulling motion. The physical examination of the bilateral knees revealed intact neurovascularity, no swelling or edema, normal deep tendon reflexes and normal coordination, normal strength and tone, normal sensation, no fractures or deformities; the left knee- moderate tenderness about the anterior aspect and over the patellofemoral joint, bilateral knee swelling with left noting 2+ effusion and coarse crepitus and mild atrophy in VMO/Quad region. The medications list includes

zolpidem, Cymbalta, Celebrex and tylenol#3. She has had diagnostic studies including MRI left knee without contrast on 11/24/14. She has undergone left knee arthroscopy on 1/20/15; left wrist 1st dorsal compartment release on 1/5/13. She has had left knee brace; left knee injection Euflexxa (4/2015); physical therapy; urine drug screening; medications. The provider is requesting authorization of a gym membership for the left knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gym membership for the left knee: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Chapter: Knee & Leg (updated 07/10/15) Gym memberships.

Decision rationale: Q-- Gym membership for the left knee. ACOEM and CA MTUS do not address this request. Per the ODG guidelines, gym membership is "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 equipment. In addition, treatment needs to be monitored and administered by medical professionals. While an individual exercise program is of course recommended, more elaborate personal care where outcomes are not monitored by a health professional, such as gym memberships or advanced home exercise equipment, may not be covered." Any contraindication to a simple home exercise program without specialized equipment is not specified in the records provided. Response to previous conservative therapy is not specified in the records provided. In addition per the cited guidelines "With unsupervised programs there is no information flow back to the provider, so he or she can make changes in the prescription, and there may be risk of further injury to the patient." The medical necessity of Gym membership for the left knee is not medically necessary at this time for this patient.