

Case Number:	CM15-0129612		
Date Assigned:	07/16/2015	Date of Injury:	04/25/2012
Decision Date:	08/11/2015	UR Denial Date:	06/01/2015
Priority:	Standard	Application Received:	07/06/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 (IW) is a 54-year-old female who sustained an industrial injury on 04/25/2012. The mechanism of injury and initial report of injury are not found in the records reviewed. The injured worker was diagnosed as having left knee pain; meniscal tear left knee; tricompartmental osteoarthritis left knee; bilateral median neuropathy; lumbar mechanical pain; bilateral wrist pain. Treatment to date has included water aerobics, home exercise, and topical pain medications. Currently, the injured worker complains of persistent left knee pain and bilateral wrist and hand problems. The left knee pain increases with weight bearing. She also has low back pain radiating to the left lower extremities. There is tenderness noted in the left knee joint line; strength is 4 of 5 in the left knee extension and flexion. Left knee flexion is 100 degrees. In examination of the lumbar spine, spasms are noted in the paraspinal muscles with tenderness in the lumbar facet joints and in the posterior superior iliac spine. There is stiffness noted in the lumbar spine. An electromyogram /nerve conduction study showed bilateral median neuropathy of carpal tunnel syndrome in a moderate intensity. This report is not available in the records reviewed. A Qualified Medical examiner note of 04/21/2014 is referenced that makes a recommendation for orthopedic surgery consultation and further treatment for meniscal tear. Report of MRI of the left knee dated 08/01/2013 is that there is severe degeneration of the medial meniscus and large horizontal tear throughout the posterior horn. Tricompartmental arthritis is also noted. The treatment plan included a gym membership for one year for flexibility and endurance exercises on the basis that the worker cannot tolerate land based exercises. A request for authorization is made for the following: Gym membership for 1 year.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gym membership for 1 year: Overturned

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 Chapter, Gym Membership.

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-Lumbar & Thoracic (Acute & Chronic), Gym memberships and Other Medical Treatment Guidelines American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 6: p87.

Decision rationale: The claimant sustained a work injury in April 2012 and continues to be treated for bilateral wrist and hand pain and left knee pain. When seen, she was having left knee pain, worse with standing and walking. She was performing exercises including water aerobics. She was requesting a gym membership. Physical examination findings included a weight of over 200 pounds. There was decreased left knee range of motion with joint line tenderness and decreased strength. There was lumbar paraspinal muscle and facet joint tenderness and tenderness over the posterior superior iliac spine. Authorization for a gym membership was requested. Aquatic therapy is recommended for patients with conditions including chronic persistent pain and who have comorbidities that would be expected to limit participation in weight-bearing physical activities. The program should become self-managed and criteria for continued membership include when following an exercise program. In this case, the claimant appears motivated to continue an independent exercise program including aquatic therapy, which would be considered as an appropriate treatment where there are expected difficulties with lower extremity weight bearing. The requested membership is medically necessary.