

Case Number:	CM15-0174071		
Date Assigned:	09/15/2015	Date of Injury:	09/27/2014
Decision Date:	10/16/2015	UR Denial Date:	07/30/2015
Priority:	Standard	Application Received:	09/03/2015

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: California, Indiana, New York
 Certification(s)/Specialty: Internal Medicine

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 50 year old female who sustained an injury on 9-27-14 resulting when she fell on her knees. She immediately felt pain, swelling and bruising in both knees. Diagnosis was bilateral knee contusions. X-rays were negative; MRI both knees were performed in November 2014. Treatment included physical therapy (12) that she found to be beneficial and home exercise program. The Initial Treating Physicians report on 5-28-15 indicates she continued to have pain in both knees, left worse than the right. Her knees are still swollen with minimal bruising and associated tingling sensation. Prolonged waling and standing aggravate the pain; climbing up and downstairs increased her pain and cause radiation of pain to her shin. She walks with a limp at times. She has episodes of increased pain in both knees causing her difficulty doing house chores, grocery shopping, bending, stooping, squatting, standing, walking, climbing stairs, kneeling, lifting and carrying. Physical examination of bilateral knees is tender to palpation; bilateral patellar tendons and tibial tuberosities are tender to palpation. Range of motion is within functional limits on the right and left. Diagnoses include sprain of bilateral knees and internal derangement of knee not otherwise specified (bilateral). Physical therapy was requested 3 x a week for four weeks to strengthen her knees and decrease her pain. MRI 5-27-15 left knee was performed. She was examined on 7-23-15 for a follow up evaluation and it was noted that there has not been significant improvement since her previous exam. She has bilateral medial knees tenderness to palpation. Medications are Lidoderm 5% patch % (700 mg) and Tramadol HCL 50 mg 1 twice a day. Current requested treatment is gym membership for self-

directed quad strengthening exercise. Work status is modified work with no repetitive squatting, and no frequent kneeling.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gym membership for bilateral knee; 12 months: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), 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) Pain section, Gym membership.

Decision rationale: Pursuant to the Official Disability Guidelines, gym membership bilateral knees #12 months are not medically necessary. Gym memberships are not recommended as a medical prescription unless a documented home exercise program periodic assessment, revision has not been effective, and there is a need for equipment. Plus, treatment needs to be monitored and administered by medical professionals area 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. Gym memberships, health clubs, swimming pools, athletic clubs, etc., would not generally be considered medical treatment and are therefore not covered under these guidelines. In this case, the injured worker's working diagnoses are sprained knee (bilateral); and internal derangement of knee NOS. The date of injury is September 27, 2014. Request for authorization is July 24, 2015. The documentation shows the injured worker had prior bilateral knee arthroscopy. According to a July 23, 2015 progress note, subjective complaints indicate no significant improvement in the knees. The injured worker received an injection that helped. Objectively, range of motion is within functional limits. There is tenderness to palpation of the bilateral medial needs. The injured worker received physical therapy. The documentation does not demonstrate objective functional improvement. The treating provider is requesting a gym membership for self-directed quadriceps strengthening exercises. Gym memberships, health clubs, swimming pools, athletic clubs, etc., would not generally be considered medical treatment and are therefore not covered under these guidelines. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines, and guidelines non-recommendations for gym memberships, gym membership bilateral knees #12 months are not medically necessary.