

<b>Case Number:</b>	CM15-0177607		
<b>Date Assigned:</b>	09/18/2015	<b>Date of Injury:</b>	01/17/2013
<b>Decision Date:</b>	10/21/2015	<b>UR Denial Date:</b>	08/31/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/09/2015

### 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 49 year old male who sustained an industrial injury January 17, 2013. Past history included status post left knee ACL (anterior cruciate ligament) reconstruction using allograft and partial lateral meniscectomy, synovial debridement. Diagnosis is documented as osteoarthritis left knee, sprain cruciate ligament. According to a treating physician's progress notes dated August 13, 2015, the injured worker presented with continued pain along the left medial joint line and posterior aspect of the knee with weakness in the thigh. Aggravating factors include kneeling, squatting, and stair climbing. The physician documented an appeal for a series of 3 Euflexxa injections, left knee. The injured worker reports he would like to return to exercise at the gym under a self- directed program. Objective findings included; 66" and 242 pounds; left knee- well healed incisions; 1+ effusion and a very large tender Baker's cyst in the popliteal fossa; range of motion 0-120 degrees; anterior drawer with some laxity but ACL intact; posterior drawer, bounce home test, and McMurray's are all negative; minimal pain with direct palpation along medial joint line; patellofemoral compression with pain; 25% muscle loss of the left thigh compared to the contralateral thigh; muscle strength testing with flexion and extension 4 out of 5. The physician documented (not dated); "plain films of the left knee demonstrate Fairbanks change at the medial femoral condyle, a spur at the medial aspect of the tibial condyle; subsclerotic changes at the medial tibial plateau and anchors from ACL reconstruction are in place without evidence of breakage or backing out." At issue, is a request for authorization dated August 25, 2015, for gym membership for 6 months. According to utilization review dated August 31, 2015 the request for Gym Membership x 6 months is non-certified.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**6 months gym membership:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) home exercise program.

**Decision rationale:** The California MTUS and the ACOEM do not specifically address the requested service. The ODG states that gym memberships are indicated when there is a need for specialized equipment and a failure of home exercise program. The membership must be under the direct supervision of a medical professional. There is no documentation of failure of home exercise program and therefore the request is not medically necessary.