

Case Number:	CM15-0067805		
Date Assigned:	04/15/2015	Date of Injury:	06/13/2013
Decision Date:	05/20/2015	UR Denial Date:	03/30/2015
Priority:	Standard	Application Received:	04/09/2015

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: California, Hawaii
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 55 year old male, who sustained an industrial injury on 6/13/2013. He reported a structure collapsing, pushing him forward, twisting his right knee and right foot. He subsequently required ACL repair, completed 12/6/13. Diagnoses include pain in joint, lower leg. Treatments to date include activity modification, medication therapy, and physical therapy. Currently, he complained of right knee pain. On 2/24/15, the physical examination documented no new acute findings. The plan of care included a six month gym membership.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gym Membership, 6 months: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Knee, Gym Membership.

Decision rationale: The patient presents with pain affecting the right knee. The current request is for Gym Membership, 6 months. The treating physician report dated 4/6/15 (6C) states, "We

do feel that a health club membership with pool access is the best modality of treatment in terms of regaining his strength, flexibility and reducing his pain while not putting any undue stress on joints. Therefore, we would like the patient to have pool access for swimming to improve strength and conditioning without compressions of spine". The report goes on to state, "We would like the patient to use equipment's, which, are not available in the house and are usually available in a health club such as a stationary bike for 15 minutes 3 times a week and an elliptical machine, which mimics the motion of walking and running with less stress on the joints for 5-10 minutes 3 times a week". The MTUS and ACOEM guidelines do not address the current request. However, the ODG guidelines on Gym membership for knee chapter states that it may be reasonable if home exercise has been ineffective and if there is a need for special equipment. The treating physician feels that the best modality for treating the patient's symptoms is an aquatic exercise program in order for the patient to regain strength and flexibility without putting any undue stress on the patient's joints. In this case, the treating physician makes a good argument for a need of a gym membership with pool access. Furthermore, the patient needs access to special equipment not commonly found in the home and the current request for 6 months is reasonable and medically necessary. Recommendation is for authorization.