

Case Number:	CM14-0144681		
Date Assigned:	09/12/2014	Date of Injury:	10/15/1987
Decision Date:	10/23/2014	UR Denial Date:	08/08/2014
Priority:	Standard	Application Received:	09/08/2014

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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation has a subspecialty in Pain Management and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 63-year-old male with a 10/15/1987 date of injury. A specific mechanism of injury was not described. 8/8/14 determination was non-certified given no documentation that the patient was doing a HEP and that it had not been effective. 7/25/14 initial consultation identified that the patient's knee has been relatively stable. In the past she had an acute ACL tear and was treated conservatively. She has taken over the counter Advil and has worn a knee brace. The patient has gone to physical therapy in the past, but most recently in the last few years has been going to the [REDACTED] for an alternative to physical therapy. The patient states that she used this routinely to maintain good physical conditioning of her leg to maintain instability. Exam revealed an obvious anterior drawer, Lachman's test, and pivot shift to her right knee. The patient was capable of performing usual and customary job as an administrative assistant and recommendation was to continue the prescription to the [REDACTED].

IMR ISSUES, DECISIONS AND RATIONALES

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

Continue 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 Treatment In Workers' Compensation, Online Edition, Chapter: Knee and Leg (Acute and Chronic)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG Low Back Chapter Gym Memberships 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. Plus, treatment needs to be monitored and administered by medical professionals.

Decision rationale: The ODG does not recommend gym memberships 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. Gym memberships, health clubs, swimming pools, athletic clubs, etc., would not generally be considered medical treatment. The patient had been attending [REDACTED] for years. There was no indication if the patient performed exercises supervised and administered by medical professionals, and there were no goals for the requested program. There was no indication of a home exercise program in place. There are no documented barriers to continuation with an independent HEP. Therefore, the request to continue gym membership is not medically necessary and appropriate.