

Case Number:	CM14-0147690		
Date Assigned:	09/15/2014	Date of Injury:	10/24/2003
Decision Date:	10/21/2014	UR Denial Date:	08/27/2014
Priority:	Standard	Application Received:	09/11/2014

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 Family Practice and is licensed to practice in Texas and Mississippi. 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:

The injured worker is a 55-year-old male who reported an injury on 10/24/2004. The mechanism of injury was reported as a fall from a ladder. The injured worker has a diagnosis of torn meniscus to the right knee. Past medical treatment included physical therapy, medications, surgery, a home exercise program, and aquatic therapy. Diagnostic testing included an MRI of the right knee in 12/2003 and 10/10/2013. The injured worker underwent arthroscopic partial medial and lateral meniscectomies of the right knee on 02/21/2014. The injured worker complained of persistent discomfort to the right knee on 07/17/2014. The injured worker also stated having difficulty walking and performing activities. There was no physical examination present or documented on the exam date 07/17/2014. Medications included Celebrex 200 mg. The treatment plan was for a gym membership for 6 months. The rationale for the request was not submitted. The Request for Authorization form was submitted on 08/25/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gym Membership for 6 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, Knee and Leg Chapter

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee, Gym memberships.

Decision rationale: The injured worker complained of persistent discomfort to the right knee on 07/17/2014. The injured worker also stated having difficulty walking and performing activities. The Official Disability Guidelines (ODG) state a gym membership is not recommended as a medical prescription unless a home exercise program has not been effective and there is a need for equipment. Plus, treatment needs to be monitored and administered by medical professionals. While an individual exercise program is of course recommended, more elaborate personal care where outcomes are not monitored by a health professional, such as gym memberships or advanced home exercise equipment, may not be covered under this guideline, although temporary transitional exercise programs may be appropriate for patients who need more supervision. The most recent clinical note did not provide a physical examination detailing any significant functional deficits. There is lack of documentation stating a home exercise program has not been effective and there is need of equipment. Therefore, the request for Gym membership for 6 months is not medically necessary.