

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review
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Notice of Independent Medical Review Determination

Dated: 10/24/2013

[REDACTED]

[REDACTED]

Employee: [REDACTED]
Claim Number: [REDACTED]
Date of UR Decision: 6/28/2013
Date of Injury: 3/16/2000
IMR Application Received: 7/29/2013
MAXIMUS Case Number: CM13-0004226

- 1) MAXIMUS Federal Services, Inc. has determined the request for a lifetime gym and pool membership **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for Hydrocodone/APAP 10/325 #60 **is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for Cartivisc 500/200/150mg #90 **is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/29/2013 disputing the Utilization Review Denial dated 6/28/2013. A Notice of Assignment and Request for Information was provided to the above parties on 8/8/2013. A decision has been made for each of the treatment and/or services that were in dispute:

- 1) MAXIMUS Federal Services, Inc. has determined the request for a lifetime gym and pool membership **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for Hydrocodone/APAP 10/325 #60 **is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for Cartivisc 500/200/150mg #90 **is not medically necessary and appropriate.**

Medical Qualifications of the Expert Reviewer:

The independent Medical Doctor who made the decision has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, 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 treatments and/or services at issue.

Expert Reviewer Case Summary:

The medical records indicate that the patient is a 45 year old obese male with a date of injury of 3/16/2000. According to the medical records the patient had a diagnosis of L3-4 junctional level discopathy, status post lumbar spine hardware removal and right sided L4-5 discectomy, status post right knee arthroscopy, status post left knee arthroscopy, right knee tendinosis, right knee degenerative lateral meniscal tear and L2-3 lumbar disc bulge. The evaluation performed by Dr. [REDACTED] on 6/5/13, the patient had subjective complaints of low back pain and left knee symptomology; left knee had started to swell and had trouble going up and down stairs. Objective findings included lumbar spine muscle spasm, tightness, and tenderness in the paravertebral musculature. The patient had a slight limp favoring the left knee, which had significant swelling and there was crepitus.

Documents Reviewed for Determination:

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- Application of Independent Medical Review
- Utilization Review Determination
- Medical Records from (Claims Administrator, employee)
- Medical Treatment Utilization Schedule (MTUS)

1) Regarding the request for a lifetime gym and pool membership:

Section of the Medical Treatment Utilization Schedule Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator relied on the Official Disability Guidelines (ODG), Low Back Chapter, Gym Memberships section, which is a medical treatment guideline that is not part of the California Medical Treatment Utilization Schedule (MTUS). The Expert Reviewer based its decision on the Chronic Pain Medical Treatment Guidelines (2009), Aquatic Therapy and Physical Medicine sections, which are part of the MTUS. The Claims Administrator also cited the Official Disability Guidelines ODG section used by the Claims Administrator.

Rationale for the Decision:

The MTUS Chronic Pain Medical Treatment Guidelines state that aquatic therapy is recommended as an optional form of exercise therapy, where available, as an alternative to land-based physical therapy. Aquatic therapy (including swimming) can minimize the effects of gravity, so it is specifically recommended where reduced weight bearing is desirable. The guidelines state that active therapy requires an internal effort by the individual to complete a specific exercise or task. This form of therapy may require supervision from a therapist or medical provider such as verbal, visual and/or tactile instruction(s). Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. The ODG states that gym memberships are not recommended as a medical prescription unless a home exercise program has not been effective and there is a need for equipment. In addition, treatment needs to be monitored and administered by medical professionals. The records submitted and reviewed indicate the employee has received multiple sessions of aquatic therapy that have been helpful to improve strength, function and reduce symptoms of pain. However, the request for lifetime pool membership is not consistent with the guideline recommendations. The request for a lifetime gym and pool membership **is not medically necessary and appropriate.**

2) Regarding the request for Hydrocodone/APAP 10/325 #60:

Section of the Medical Treatment Utilization Schedule Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines, (2009), Opioids section, which is part of the California Medical Treatment Utilization Schedule (MTUS). The Expert Reviewer relied on the Chronic Pain Medical Treatment Guidelines (2009), pages 88-89, which are part of the MTUS.

Rationale for the Decision:

The records submitted for review indicate the employee has chronic pain and takes Norco for pain relief. The MTUS Chronic Pain Medical Treatment Guidelines state that a satisfactory response to treatment may be indicated by the employee's decreased pain, increased level of function, or improved quality of life. The provider noted that the plan was to wean the employee off of Norco.

However, the records do not document any satisfactory response to treatment with Norco. The request for hydrocodone/APAP 10/325 #60 **is not medically necessary and appropriate.**

3) Regarding the request for Cartivisc 500/200/150mg #90:

Section of the Medical Treatment Utilization Schedule Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines, (2009), Glucosamine and Chondroitin Sulfate sections, which are part of the California Medical Treatment Utilization Schedule (MTUS). The Expert Reviewer relied on the Chronic Pain Medical Treatment Guidelines, (2009), Glucosamine, Chondroitin Sulfate, and Topical Analgesics sections.

Rationale for the Decision:

The MTUS Chronic Pain Medical Treatment Guidelines recommends glucosamine and chondroitin sulfate as an option given its low risk, in patients with moderate arthritis pain, especially for knee osteoarthritis. MSM or DMSO is not mentioned in this section. The guidelines indicate there is some evidence of efficacy for topical DMSO cream for CRPS. The records submitted and reviewed document the employee has been diagnosed with pain due to post arthroscopy of the bilateral knees. The use of glucosamine and chondroitin sulfate is consistent with the guidelines, but not the additional ingredient of MSM/DMSO. The guidelines state that any compounded product that contains at least one drug (or drug class) that is not recommended is not endorsed for use. The request for Cartivisc 500/200/150mg #90 **is not medically necessary and appropriate.**

Effect of the Decision:

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the final determination of the Administrative Director, Division of Workers' Compensation. With respect to the medical necessity of the treatment in dispute, this determination is binding on all parties.

In accordance with California Labor Code Section 4610.6(h), a determination of the administrative director may be reviewed only if a verified appeal is filed with the appeals board for hearing and served on all interested parties within 30 days of the date of mailing of the determination to the employee or the employer. The determination of the administrative director shall be presumed to be correct and shall be set aside only upon proof by clear and convincing evidence of one or more of the grounds for appeal listed in Labor Code Section 4610.6(h)(1) through (5).

Sincerely,

Richard C. Weiss, MD, MPH, MMM, PMP
Medical Director

cc: Department of Industrial Relations
Division of Workers' Compensation
1515 Clay Street, 18th Floor
Oakland, CA 94612

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