

Case Number:	CM13-0009973		
Date Assigned:	09/17/2013	Date of Injury:	07/05/2010
Decision Date:	02/04/2014	UR Denial Date:	07/31/2013
Priority:	Standard	Application Received:	08/12/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Anesthesiologist, has a Fellowship trained in Pain Medicine 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 physician 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 patient is a 51 year old female who reported an injury on 07/05/2010. The mechanism of injury was the patient stepped off of a ledge and twisted her knee. The patient complained of pain to the bilateral knees, right worse than left. The patient was diagnosed with right internal knee derangement involving both medial and lateral meniscus and internal left knee derangement with meniscus tears. The patient had one injection followed by a lateral meniscectomy to the right knee in May 2011 and one injection after the surgery. The patient had a chondroplasty to the right knee on 08/27/2012. The patient has been treated with injections, medication and aqua therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ibuprofen 800mg, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain; NSAIDs Page(s): 68 and 70.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs), Page(s): 67.

Decision rationale: The Physician Reviewer's decision rationale: CA MTUS Chronic Pain Medical Treatment guidelines stated anti-inflammatory are the traditional first line of treatment,

to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. The guidelines also recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Also, there is no evidence of long-term effectiveness for pain or function. The clinical documentation submitted for review does not indicate the duration of the Ibuprofen treatment as the guidelines recommend the lowest dosage for the shortest period of time. As such, the request is non-certified.

Gym membership with access to elliptical or treadmill or seated bike, 6 months:

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (MTUS), 2009, Chronic pain, Exercise Page(s): 46-47. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 11th Edition (web), 2013, Knee and Leg Chapter, Gym Membership.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Exercise Page(s): 46-47. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg Chapter, Gym Memberships.

Decision rationale: The Physician Reviewer's decision rationale: CA MTUS Chronic Pain Medical Treatment guidelines recommend exercise. There is strong evidence that exercise programs, including aerobic conditioning and strengthening, is superior to treatment programs that do not include exercise. There is no sufficient evidence to support the recommendation of any particular exercise regimen over any other exercise regimen. Official Disability Guidelines do not support gym memberships unless a home exercise program has not been effective and it is monitored and administered by a medical professional. The clinical documentation submitted for review does not support evidence for a particular exercise program or piece of equipment. There were no specific indications as to why a gym membership would be more beneficial than say a home exercise program. As such, the request is non-certified.