

Case Number:	CM13-0023047		
Date Assigned:	11/15/2013	Date of Injury:	09/25/2009
Decision Date:	01/31/2014	UR Denial Date:	08/26/2013
Priority:	Standard	Application Received:	09/11/2013

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 Physical Medicine & Rehabilitation and is licensed to practice in New York, and Texas. 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 64-year-old male who reported an injury on 09/25/2009. The patient is currently diagnosed with a right knee contusion and patellofemoral arthralgia, status post a right finger fracture with dislocation of the posterior interphalangeal joint, and right pes anserine bursitis. The patient was seen by [REDACTED] on 08/12/2013. Physical examination revealed tenderness to palpation over the peripatellar region without evidence of swelling, crepitus with active range of motion, 143 degrees of flexion and 0 degrees of extension. Treatment recommendations included a BionCare knee brace system, gym membership and 8 sessions of physical therapy

IMR ISSUES, DECISIONS AND RATIONALES

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

gym membership with pool access: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg Chapter (Acute & Chronic), Gym Memberships.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 339-340. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg Chapter, Gym Memberships.

Decision rationale: The Official Disability Guidelines state 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. As per the clinical notes submitted, the patient does not currently meet criteria for a gym membership. There is no indication that this patient has failed to respond to a home exercise program. The patient has previously completed a course of physical therapy. There is no documentation of an inability to carry out a self-directed home exercise program. The patient's latest physical examination only revealed tenderness to palpation with crepitus. Based on the clinical information received, the request is non-certified.

Knee brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 340. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg Chapter (Acute & Chronic), Knee brace.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 339-340. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg Chapter, Knee brace

Decision rationale: The California MTUS/ACOEM Practice Guidelines state that usually a brace is necessary only if the patient is going to be stressing the knee under load, such as climbing ladders or carrying boxes. For the average patient, using a brace is usually unnecessary. In all cases, braces need to be properly fitted and combined with a rehabilitation program. Per the clinical notes submitted, the patient's latest physical examination only revealed tenderness to palpation with crepitus upon range of motion. There was no evidence of significant instability. The medical necessity for the requested service has not been established. As such, the request is non-certified.

8 physiotherapy sessions: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 340. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg Chapter (Acute & Chronic), Knee brace.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: The California MTUS Guidelines state that active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function and range of motion and can alleviate discomfort. Guidelines allow for a fading of treatment frequency plus active, self-directed home physical medicine. As per the clinical notes submitted, the patient has previously participated in a course of physical therapy. Documentation of the previous course of therapy with treatment efficacy and treatment duration was not provided for review. The patient's latest physical examination only revealed tenderness to palpation with crepitus. Documentation of a significant musculoskeletal or

neurological deficit was not provided. Therefore, continuation of treatment cannot be determined as medically appropriate. As such, the request is non-certified.