

<b>Case Number:</b>	CM13-0032967		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	12/30/2007
<b>Decision Date:</b>	07/31/2014	<b>UR Denial Date:</b>	09/13/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/08/2013

### 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 and is licensed to practice in Illinois. 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 46 year old male who reported injury on 12/30/2007. The mechanism of injury was not provided. The injured worker complained of occasional left anterior knee pain and weakness. There was no measurable pain documented in report. Physical examination revealed that the injured worker had full range of motion, and flexion was symmetric to 140 degrees. He had a 1 to 2+ posterior drawer test with a firm endpoint, and a slight posterior sag. Patellar compression test produced some crepitation with no pain. He had a 5/5 on motor strength. The injured worker has a diagnosis of joint pain in the lower leg. The injured worker has had an epidural steroid injection (ESI) and an injection of therapeutic substance into the joint/ligament. There was no documentation as to the outcome of the injections. There was no evidence of any conservative care, medications or home exercise program. The report submitted lacked documentation as to why the injured worker would benefit from 18 sessions of physical therapy. The rationale and request for authorization form were not submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PHYSICAL THERAPY EIGHTEEN (18) SESSIONS (3 X 6): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
PHYSICAL MEDICINE.

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

**Decision rationale:** Guidelines state that active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion and can alleviate discomfort. 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. Home exercise can include exercise with or without mechanical assistance or resistance and functional activities with assistive devices. Physical Therapy guidelines allow 9-10 visits over 8 weeks for myalgia and myositis, 8-10 visits over 4 weeks for neuralgia, neuritis, and radiculitis, and 24 visits over 16 weeks for reflex sympathetic dystrophy. The report submitted lacked any evidence of any type of conservative care, medications or active home exercise program. There was also no evidence proving that the injured worker would benefit from physical therapy and not a home exercise program. Additionally, the submitted report lacked progress notes, functional deficits and any other pertinent information on the injured worker's left knee. As such, the request is not medically necessary.

**LIFETIME 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 (ODG) Knee, Gym memberships.

**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 ODG guidelines do not recommend the gym 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 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. Given that the submitted report lacked any evidence that the injured worker had an initial trial of conservative care, medications or home exercise program, the injured worker is not within the ODG guidelines. As such, the request is not medically necessary.