MAXIMUS Federal Services

Case Number:	CM13-0035739		
Date Assigned:	12/13/2013	Date of Injury:	04/20/1999
Decision Date:	02/07/2014	UR Denial Date:	10/03/2013
Priority:	Standard	Application Received:	10/17/2013

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 and Rehabilitation, has a subspecialty in Interventional Spine 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.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 55 year-old male with a 4/20/99 industrial injury claim. He has been diagnosed with: s/p right shoulder arthroscopic SAD on 5/18/13; s/p right shoulder arthroscopy with SAD and Mumford on 12/11/04; right elbow lateral epicondylitis; s/p left knee arthroscopy with microfracture medial femoral condyle, synovectomy, debridement of lateral meniscus and anterior horn lateral meniscectomy on 8/30/06; s/p right knee arthroscopy with partial medial meniscectomy, synovectomy and chondral debridement on 10/29/07; bilateral knee chrondromalacia; left foot plantar fasciitis. The IMR application signed on 10/11/13 shows a dispute with the 10/3/13 UR decision. The 10/3/13 UR decision is from [redacted], and is based on the 9/10/13 report from [redacted], and recommends non-certification for: a one-year gym membership; and use of Hydrocodone/APAP 10/325mg q8h prn, #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) year 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);Chapter 5221.6600, Health Clubs.

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

Decision rationale: The patient underwent right shoulder SAD on 5/18/13, and the request for the gym membership x1 year was from the 9/10/13 report. The patient is still within the MTUS postsurgical physical medicine treatment timeframe, but the gym membership x1 year will extend beyond the postsurgical physical medicine treatment timeframe. The MTUS postsurgical guidelines do not discuss gym memberships as medical treatment. The majority of the request will fall outside the MTUS postsurgical physical medicine treatment timeframe, so MTUS Chronic pain or other guidelines would apply. MTUS chronic pain guidelines do not discuss unsupervised PT or gym memberships. ODG guidelines for the shoulder were consulted. ODG guidelines state: "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" The 9/10/13 medical report documents states the shoulder is better after the 8PT sessions, and the patient also had therapy for the left knee and ankle and continues with his home exercise program. Shoulder motion was still limited to 140 degs, abduction and flexion is 160 degs. The report states the gym membership was for the patient to lose weight, which helps the knees and left ankle. There was no discussion that the home exercise program is not effective, as patient appears to have lost 28 lbs. already. There is no discussion on any need for equipment, or what exercises were administered, and who will monitor the patient. The request will extend beyond the MTUS postsurgical physical medicine treatment timeframe, and is not in accordance with the ODG guidelines

Hydrocodone/APAP 10/325mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Long Term Opioid Page(s): 88-89.

Decision rationale: The patient has been using Norco for over 6-months, as shown on the 1/29/13 medical report. The MTUS section for "long-term users of opioids (6-months or more)" would apply. MTUS states: "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument. And that "Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life" The 6/18/13, 7/16/13 and 9/10/13 reports do not include a pain assessment with a numerical scale or validated instrument. There does not appear to be improvement in function, as the 6/18/13 report documents shoulder full ROM, the 7/16/13 report states there is 80-85% of full ROM, and the 9/10/13 report states decreased ROM, abduction at 140 degs, flexion at 160 degs. The UDS on 6/18/13 was consistent, but the 7/16/13 UDS did not show the prescribed opiates. There is no discussion on this, but another UDS was performed on 8/6/13. There was no discussion on the 8/6/13 UDS. The MTUS reporting requirements for use of opioids has not been met. There is no indication that the patient has been compliant with medications and no documentation on pain relief, improved function or improved quality of life. MTUS does not recommend continuing medications that do not produce a satisfactory response