

Case Number:	CM13-0053006		
Date Assigned:	12/30/2013	Date of Injury:	06/29/2011
Decision Date:	03/14/2014	UR Denial Date:	11/04/2013
Priority:	Standard	Application Received:	11/18/2013

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 Occupational 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic knee, shoulder, and low back pain reportedly associated with an industrial injury of June 29, 2011. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representations; transfer of care to and from various providers in various specialties; viscosupplementation injections to the knees; a shoulder corticosteroid injection; unspecified number of epidural steroid injections; MRI imaging of the lumbar spine of October 29, 2012, notable for severe spinal foraminal stenosis at L3-L4; extensive periods of time off of work, on total temporary disability; and prior left and right knee arthroscopies. In a Utilization Review Report of November 4, 2013, the claims administrator denied a request for a gym membership and Pennsaid ointment, citing non-MTUS ODG guidelines. The applicant's attorney subsequently appealed. An earlier note of November 7, 2011 is notable for comments that the applicant is off of work, on total temporary disability. In a June 21, 2013 progress note, the applicant is given a diagnosis of lumbar radiculopathy and asked to pursue home exercises and epidural steroid injection therapy. In a July 2, 2013 progress note, the applicant then presents with chronic low back pain. Epidural steroid injection therapy and home exercises are endorsed. The applicant's work status is not clearly detailed. Earlier progress notes of September and November 2012 state that the applicant is off of work, on total temporary disability, and further suggested that the applicant has internal derangement of the knee.

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 (1 year): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Official Disability Guidelines (ODG), Low Back Procedure Summary u.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 5, maintaining and adhering to exercise regimens is considered a matter of employee responsibility as opposed to a matter of payer or employer responsibility. The service being sought here, a gym membership, per ACOEM, is considered an article which the applicants are individually responsible for. Therefore, the request is not certified.

Prospective usage of Pennsaid Ointment: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), TWC Pain Procedure Summary updated 10/14/2013.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 112.

Decision rationale: Pennsaid is a Voltaren derivative. While page 112 of the MTUS Chronic Pain Medical Treatment Guidelines does endorse the usage of Pennsaid or Voltaren in the treatment of arthritis of the knee, the diagnosis seemingly present here, in this case, the applicant has seemingly used this and other agents for some time, with no clear evidence of functional improvement as defined in the parameters established in MTUS 9792.20f. The applicant is off of work, on total temporary disability. The recent progress notes provided are sparse, difficult to follow, did not clearly establish the presence of any lasting benefit or functional improvement achieved through prior usage of Pennsaid (diclofenac). Continued usage of topical Pennsaid, then, is not recommended. Accordingly, the request is not certified.