

Case Number:	CM13-0053349		
Date Assigned:	12/30/2013	Date of Injury:	02/17/2010
Decision Date:	03/25/2014	UR Denial Date:	11/07/2013
Priority:	Standard	Application Received:	11/20/2013

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, 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 53 year old male who was injured on 02/17/2010 while kneeling on the floor and could not stand. Prior treatment history has included 41 physical therapy visits, 36 visits post-operatively with focus on the right knee, and 8 physical therapy visits for the right shoulder. Medications included anti-inflammatories, topical analgesics, pain medication, and glucosamine. Diagnostic studies reviewed include MRI left knee without contrast performed 07/17/2013 revealed no meniscus or ligament tear, partial thickness cartilage loss in the posteroinferior aspect of the medial femoral condyle. No subchondral bone marrow edema; mild soft tissue edema overlying the iliotibial band which may be seen in the clinical setting of iliotibial band friction syndrome. Clinic note dated 10/13/2013 progress report 2 documented objective findings on exam to include positive tenderness to palpation right shoulder, pain with resisted abduction; tenderness to palpation bilateral knees, full range of motion of knee; positive PTP right ac joint. Decision for occupational therapy x 6 visits for left knee and decision for 12 month gym membership was recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

Request for Occupational Therapy x 6 visits for left knee: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines, (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58-59.

Decision rationale: The request for Occupational Therapy X 6 visits for the left knee is not indicated as per the CA MTUS guidelines. The guidelines state therapy is recommended for chronic pain if caused by musculoskeletal conditions; however it is not recommended for the knee. Further, the intended goal or effect of Manual Medicine is the achievement of positive symptomatic or objective measurable gains in functional improvement. The patient has documented full range of motion to the left knee. There is no other objective finding reported.

Request for a 12 month 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).

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 membership.

Decision rationale: ODG Guidelines state a gym membership is not recommended as a medical prescription unless a home exercise program has not been effective and there is a need for equipment. According to the therapy note dated 9/17/2013, plan of care included a home exercise program but no documentation of progress or failure was noted. The patient does not meet the guidelines for gym membership.