

Case Number:	CM13-0055897		
Date Assigned:	12/30/2013	Date of Injury:	04/21/2002
Decision Date:	06/05/2014	UR Denial Date:	11/15/2013
Priority:	Standard	Application Received:	11/21/2013

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 Family Medicine and is licensed to practice in Arizona. 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 patient is a 44 year old female with an industrial work related injury date of April 21, 2002. The diagnoses include rotator cuff sprain and strain, and pain in joint of lower leg. Subjective complaints are of instability in the knee when walking, and neck and back pain. Physical exam reveals decreased cervical range of motion, and cannot heel walk due to hip pain. There is no recent physical exam findings related to the knee. Knee X-rays in 2011 reveal preserved patellofemoral joint space, and medial and lateral joint space narrowing bilaterally. Prior treatment has consisted of medication, surgery, modified work, and physical therapy. It was documented that physical therapy was helpful for the patient. The documentation does not provide evidence that exercise program requires specific equipment.

IMR ISSUES, DECISIONS AND RATIONALES

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

RIGHT KNEE BRACE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 340.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 340.

Decision rationale: California MTUS states that brace can be used for patellar instability, anterior cruciate ligament (ACL) tear, or medical collateral ligament (MCL) instability although its benefits may be more emotional (i.e., increasing the patient's confidence) than medical. 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. For this patient, documentation does not identify ligamentous instability, and no recent physical exam findings of the knee are present. Therefore, due to lack of diagnosis and exam consistent with guideline recommendations, this request is not medically necessary.

6 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) Knee & Leg (updated 06/07/13), Gym Membership.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back-Lumbar & Thoracic, Gym Membership.

Decision rationale: The ODG states 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. Plus, treatment needs to be monitored and administered by medical professionals. For this patient, there is no documentation that her home exercise program was not effective. Furthermore, there are no apparent indications that would require the patient to utilize special exercise equipment. Therefore, for these reasons, the medical necessity of a gym membership is not established.