

Case Number:	CM13-0062065		
Date Assigned:	12/30/2013	Date of Injury:	05/01/2007
Decision Date:	05/21/2014	UR Denial Date:	10/15/2013
Priority:	Standard	Application Received:	10/29/2013

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 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 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 applicant is a [REDACTED] employee who has filed a claim for chronic bilateral knee pain and knee arthritis reportedly associated with cumulative trauma at work first claimed on May 1, 2007. Thus far, the applicant has been treated with the following: Analgesic medications; earlier knee arthroscopy in September 2012; unspecified amounts of physical therapy; epidural steroid injection therapy; and three Synvisc injections in 2012. A September 20, 2008 progress note was notable for comments that the applicant is going to school and trying to find all alternate areas of work. In an October 8, 2013 progress note, the applicant was described as reporting persistent knee pain, left greater than right. Pain and swelling are appreciated about the knee. Knee corticosteroid injections were sought, along with Prilosec and a six-month gym membership. It appears that the applicant received an injection of lidocaine, Marcaine, and Kenalog in the clinic setting for a diagnosis of pes anserine bursitis.

IMR ISSUES, DECISIONS AND RATIONALES

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

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, KNEE & LEG (ACUTE & CHRONIC)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 83.

Decision rationale: As noted in the MTUS-adopted ACOEM Practice Guidelines in Chapter 5, page 83, to achieve functional recovery, applicants must assume certain responsibilities, one of which is to maintain and adhere to exercise regimens. In this case, the six-month gym membership being sought, per ACOEM, represents an article which is considered a matter of applicant responsibility as opposed to a matter of payer responsibility. Therefore, the request is not medically necessary.

1 INJECTION OF LIDOCAINE, MARCAINE AND KENALOG AT THE LEFT PES

ANSERINUS: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 339, 346. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES KNEE (ACUTE & CHRONIC)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 339, 346.

Decision rationale: The applicant apparently underwent injections at the same location in both May 2013 and October 2013. As noted in the MTUS-adopted ACOEM Practice Guidelines in Chapter 13, Table 13-6, repeat aspirations with corticosteroid injections are deemed "optional." In this case, the applicant had seemingly had multiple prior injections and invasive techniques which are, per ACOEM Practice Guidelines, Chapter 13, page 339 not routinely indicated. The applicant's response to the earlier injections appears to be poor. The applicant had Synvisc injections, corticosteroid injections, and pes anserine bursa injections, none of which were entirely successful in ameliorating the applicant's issues. Therefore, the request for a repeat pes anserine bursa injection was not indicated and not medically necessary.