

Case Number:	CM13-0064361		
Date Assigned:	01/03/2014	Date of Injury:	06/18/2009
Decision Date:	04/15/2014	UR Denial Date:	12/05/2013
Priority:	Standard	Application Received:	12/11/2013

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 Internal Medicine, Pulmonary Diseases, 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 patient is a 55-year-old female who reported an injury on 06/18/2009 when her left knee locked up, causing a fall. The patient's treatment history included medications, physiotherapy, injection therapy and surgical intervention. The patient's most recent clinical documentation noted that the patient had tenderness to palpation over the medial collateral ligament at the medial and lateral joint lines with a positive anterior and posterior drawer test of the left knee and active range of motion described as 0 degrees in extension to 115 degrees in flexion. It was noted that the patient was not able to tolerate a land-based home exercise program and would benefit from a continued self-guided, self-directed exercise therapy aquatic program. Additionally, it was noted that the patient's primary treating physician discontinued all oral medications due to significant gastrointestinal problems and elevated liver enzymes. A request was made for a gym/aquatic membership and Lidoderm patches.

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 FOR 6 MONTHS: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The requested gym membership with pool access for 6 months is not medically necessary or appropriate. The clinical documentation submitted for review does indicate that the patient has previously participated in self-directed aquatic therapy. The Official Disability Guidelines do not recommend gym memberships as medically appropriate since there is no medical professional loop of feedback to assist with adjustments in treatment planning. The clinical documentation submitted for review does not provide any evidence that the patient has had a significant benefit from past participation in aquatic therapy. Therefore, the need for additional aquatic therapy cannot be determined. As such, the requested gym membership with pool access for 6 months is not medically necessary or appropriate.

LIDODERM PATCHES 5% FOR LEFT KNEE #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines, Pain Chapter, Lidoderm Patches.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

Decision rationale: The requested Lidoderm patches 5% for the left knee are not medically necessary or appropriate. The California Medical Treatment Utilization Schedule recommends the use of a Lidoderm patch for neuropathic pain. The clinical documentation submitted for review does not provide any evidence that the patient's pain is neuropathic in nature. Additionally, the California Medical Treatment Utilization Schedule recommends that a neuropathic component of pain be determined for body parts that are generally attributed to nonneuropathic mechanisms, such as the knee. There was no documentation that an attempt was made to identify neuropathic pain issues in the patient's left knee. Therefore, a trial of Lidoderm patches would not be medically appropriate. As such, the requested Lidoderm patches 5% for the left knee #30 are not medically necessary or appropriate.