

Case Number:	CM13-0067130		
Date Assigned:	01/03/2014	Date of Injury:	11/11/2003
Decision Date:	08/05/2014	UR Denial Date:	12/03/2013
Priority:	Standard	Application Received:	12/17/2013

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 patient is a 40-year-old female who was injured on 11/01/2003. The mechanism of injury is unknown. The prior treatment history has included epidural steroid injection on 09/06/2013; and physical therapy. A progress report dated 11/29/2013, states that the patient reported the injection helped her pain a little. On exam, she has asymmetric range of motion and persistent tight hamstrings. The straight leg raise is positive with pain on the right. She has positive crossed straight leg raise and pain on dorsiflexion of right ankle. She is diagnosed with left ankle fibular fracture, anterior talofibular ligament instability, right knee derivative injury and lumbar spine radiculopathy. He is recommended for a gym membership, a second epidural injection, and physical therapy twice a week for four (4) weeks. He was prescribed Prilosec, Fexmid and Xodol. The prior utilization review dated 12/03/2013, states that the request for an unknown gym membership is not certified as it does not appear to be medically warranted; and twelve (12) physical therapy visits is modified to two (2) physical therapy visits between 11/19/2013 and 01/20/2014; the remaining ten (10) are not certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Unknown 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, Low Back - Lumbar & Thoracic (Acute & Chronic).

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, Gym Membership.

Decision rationale: The Official Disability Guidelines indicate that gym memberships are generally not considered medical treatment. They are not recommended unless a home exercise program has failed, there is a need for medical equipment, and there is medical supervision. This is a request for a gym membership for a 40-year-old female injured on 11/1/03 with chronic back, left ankle, and right knee pain. The medical records provided do not establish failure of a home exercise program, need for medical equipment, or need for medical supervision. The medical necessity has not been established.

Twelve (12) Physical therapy visits: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back - Lumbar & Thoracic (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Physical Therapy.

Decision rationale: This is a request for twelve (12) physical therapy visits after a lumbar steroid injection for a 40-year-old female injured on 11/1/03 with chronic back, left ankle, and right knee pain. The Official Disability Guidelines indicate that the only need for further physical therapy treatment after an epidural steroid injection (ESI) would be to emphasize the home exercise program, and this requirement would generally be included in the currently suggested maximum visits for the underlying condition, or at least not require more than two (2) additional visits to reinforce the home exercise program. In this case there is no discussion of frequency of or past response to physical therapy or home exercise. However, at most two (2) additional physical therapy visits would be indicated after lumbar epidural steroid injection for a patient who has completed a trial of physical therapy in the past. The medical necessity for twelve (12) visits has not been established.