

Case Number:	CM14-0002999		
Date Assigned:	04/28/2014	Date of Injury:	05/02/2013
Decision Date:	07/07/2014	UR Denial Date:	12/27/2013
Priority:	Standard	Application Received:	01/08/2014

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 represented [REDACTED] employee who has filed a claim for chronic knee and leg pain reportedly associated with an industrial injury of May 2, 2013. The applicant has been treated with the following: Analgesic medications; attorney representation; knee ACL reconstruction surgery of May 14, 2013; and several months off of work. In a utilization review report of December 30, 2013, the claims administrator denied a request for home health service and a gym membership citing the MTUS Chronic Pain Medical Treatment Guidelines which, in some cases, were miss numbered, it is incidentally noted. The applicant's attorney subsequently appealed. A handwritten note dated March 26, 2014 was notable for comments that the applicant was status post second knee surgery. The applicant's work status was not detailed on this occasion. The applicant was given a prescription for Norco. A request for the gym membership and home health services were sought. The earlier denials of the gym membership and home health services were appealed. It was stated that the applicant had difficulty ambulating and was having difficulty performing activities of daily living, at that point in time. In a letter dated December 11, 2013, the attending provider stated the applicant would need home health aide to facilitate performance of household chores such as vacuuming, making the bed, mopping, cleaning the bathroom, dusting, sweeping, doing laundry, and doing grocery shopping.

IMR ISSUES, DECISIONS AND RATIONALES

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

HOME HEALTH CARE, (4) HOURS A DAY, (3) DAYS A WEEK, FOR (6) WEEKS:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 59, 98-99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 51.

Decision rationale: As noted on page 51 of the California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines, provision of home health services for the purposes of facilitating activities of daily living such as cooking, household chores, laundry, grocery shopping, i.e., the services being sought here, are specifically not covered when they are the only service being sought. In this case, assistance to facilitate activities of daily living is in fact the only service being sought here. This is not a covered service, per page 51 of the MTUS Chronic Pain Medical Treatment Guidelines, when it is the only service being sought. Therefore, the request is not medically necessary.

(6) MONTH GYM MEMBERSHIP: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 59, 98-99.

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

Decision rationale: As noted in the California Medical Treatment Utilization Schedule (MTUS) adopted American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Guidelines in Chapter 5, page 83, to achieve functional recovery, applicants must assume certain responsibilities, one of which is to adhere to and maintain exercise regimens. In this case, then, the gym membership being sought by the attending provider is an article, which has been deemed by ACOEM to be a matter of individual responsibility as opposed to a matter of medical necessity. No compelling case for the gym membership has been made so as to try and offset the unfavorable ACOEM recommendation. Therefore, the request is not medically necessary.