

Case Number:	CM14-0004624		
Date Assigned:	01/24/2014	Date of Injury:	05/08/2007
Decision Date:	08/26/2014	UR Denial Date:	12/27/2013
Priority:	Standard	Application Received:	01/10/2014

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 Orthopedic Surgery and is licensed to practice in Texas. 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 injured worker is a 50-year-old male who reported injury on 05/08/2007. The documentation of 12/04/2013 revealed the injured worker had complex regional pain syndrome in the left leg with atrophy from the left hamstring. The documentation indicated the injured worker had difficulty mobilizing with the use of crutches. The injured worker was noted to be inquiring about a wheelchair. Additionally, the documentation indicated that he had undergone aquatic therapy and was interested in maintaining outpatient therapy or a gym membership so that he could continue the exercises he will be learning from aquatic therapy. The medications included Naprosyn and Lidocaine cream. The physical examination revealed the injured worker's muscle strength was limited in the left lower extremity, rated 4/5 in the left psoas and quadriceps. The muscle strength was 3-/5 in the left anterior tibialis. The documentation indicated the injured worker barely moved the left extensor hallucis longus (EHL) and gastrocnemius, and strength was 3-/5. The sensation was diminished in the left lower extremity from L3-S1 dermatomes compared to the right lower extremity. The injured worker was noted to ambulate with 2 crutches. The diagnoses included chronic left knee pain, status post work related injury, left knee injury, complex regional pain syndrome status post left knee arthroscopy, status post spinal cord stimulator placement 02/2011 for refractory complex regional pain syndrome without effect on left leg, lower back pain due to altered gait, chronic wrist pain, right wrist weakness, right wrist carpal tunnel, chronic pain, depression, anxiety, rule out lumbar instability, rule out lumbar and thoracic spinal stenosis as the cause of leg atrophy, history of bilateral lower extremity and upper extremity electromyography (EMG) studies, and CT scan 10/17/2013 revealing moderate canal stenosis at L4-5 and moderate to severe L3-4. The treatment plan included a health fit gym membership for aquatic therapy and a wheelchair for more prolonged mobility when he is out and about.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 WHEEL CHAIR: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: The Official Disability Guidelines recommend a manual wheelchair if the injured worker requires and will use a wheelchair to move around the residence and it is prescribed by a physician. The clinical documentation submitted for review indicate the injured worker wanted to utilize a wheelchair while he was out of the house to have increased mobility. The request as submitted failed to indicate the type of wheelchair being requested. Additionally, the request as submitted failed to indicate the components for the wheelchair and failed to indicate whether the chair was for purchase or rental. There was a lack of documentation indicating the injured worker had sufficient strength to utilize other mobility devices as it was noted he was ambulatory on 2 crutches. Given the above, the request is not medically necessary.

1 GYM MEMBERSHIP FOR AQUATIC THERAPY: 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) Low Back Chapter, Gym Memberships.

Decision rationale: The Official Disability Guidelines do not recommend gym memberships as a medical prescription unless a documented home exercise program with periodic assessment and revision has not been effective and there is a need for equipment. The treatment needs to be monitored and administered by medical professionals. Gym memberships, health clubs, swimming pools, athletic clubs, etc. would not generally be considered medical treatment, and are therefore not covered under these guidelines. The clinical documentation submitted for review indicated the request was for a gym membership for aquatic therapy so the injured worker could continue with what he had learned in aquatic therapy. There was a lack of documentation of exceptional factors to warrant non-adherence to guideline recommendations. Given the above, the request is not medically necessary.