

Case Number:	CM14-0005903		
Date Assigned:	02/07/2014	Date of Injury:	03/19/2013
Decision Date:	06/27/2014	UR Denial Date:	12/17/2013
Priority:	Standard	Application Received:	01/16/2014

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:

Patient is a 64-year-old-female who has submitted a claim for right patellar fracture s/p open reduction internal fixation, s/p hardware removal of right knee, associated with an industrial injury date of 3/19/13. Medical records from 2013 were reviewed which revealed persistent right knee pain. It was aggravated by the use of stairs. There was morning stiffness of her right knee. Physical examination showed antalgic gait. Knee flexion was 135 degrees bilaterally. Lumbar spine examination showed tender paraspinal musculature. Flexion was 46 degrees and extension was 15 degrees. X-ray dated 4/4/13 revealed metallic hardware was seen fixing the fracture of the patella. Alignment was anatomic. Treatment to date has included open reduction internal fixation of right patella, removal of hardware on the right knee and physical therapy sessions. Utilization review date of 12/17/13 denied the request for gym membership, home health care and medications. Gym membership was denied because there was no documentation concerning the equipment needed during exercise. Request for medication was denied because specific medications were not identified. Lastly, home health care was denied because there was no documentation concerning clinical needs, which require a licensed professional to assist the patient.  

IMR ISSUES, DECISIONS AND RATIONALES

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

GYM MEMBERSHIP: 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

Decision rationale: The CA MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, Official Disability Guidelines, Low Back Chapter was used instead. ODG does not recommend gym memberships unless a documented home exercise program with periodic assessment and revision has not been effective and there is a need for equipment. Treatment needs must be monitored and administered by medical professionals. In addition, gym memberships are not generally considered medical treatment. In this case, patient's medical records did not indicate if there was a home exercise program provided to the patient. There was no evidence concerning the need for specialized equipment warranting this present request. Moreover, guidelines do not recommend gym membership as part of a medical treatment. The request likewise failed to specify the duration of intended program. Therefore, the request of gym membership is not medically necessary. 

POSTOPERATIVE HOME HEALTH CARE 24HOURS FOR 7 DAYS A WEEK FOR ONE WEEK THEN 6 HOURS A DAY FOR 5 DAYS A WEEK (RETROSPECTIVE):

Upheld

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

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

Decision rationale: As stated on page 51 of CA MTUS Chronic Pain Medical Treatment Guidelines home health services are recommended only for medical treatment for patients who are homebound, on a part-time or "intermittent" basis, generally up to no more than 35 hours per week. In this case, there is no clear indication in the medical records provided that the patient has a need of professional nursing services for the purposes of home health. Furthermore, records did not mention if the patient was unable to leave home unattended to necessitate home health care. Moreover, the requested home health service exceeded the amount of time recommended by the guidelines. Therefore, the request for postoperative home health care 24 hours for 7 days a week for one week then 6 hours a day for 5 days a week (retrospective) is not medically necessary.

MEDICATIONS (UNSPECIFIED): 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), PAIN CHAPTER, MEDICATIONS FOR SUB-ACUTE AND CHRONIC PAIN SECTION

Decision rationale: The CA MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, Official Disability Guideline, Pain Section, Medication for subacute and chronic pain was used instead. ODG recommended that before prescribing any medication for pain, the aim of use of the medication, potential benefits and adverse effects must be determined. Only one medication should be given at a time, and interventions that are active and passive should remain unchanged at the time of the medication change. In this case, the request was only medication and was not specifically identified. The medical necessity of the request has not been established due to lack of identification of the medications requested. Therefore, the request for medications (unspecified) is not medically necessary.