

Case Number:	CM14-0100896		
Date Assigned:	07/30/2014	Date of Injury:	07/15/1999
Decision Date:	08/29/2014	UR Denial Date:	05/28/2014
Priority:	Standard	Application Received:	06/30/2014

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 Physical Medicine & Rehabilitation and Pain Management, has a subspecialty in Interventional Spine 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 71 year-old female with the date of injury of 07/15/1999. The patient presents with bilateral knee pain. According to [REDACTED] report on 05/19/2014, diagnostic impressions are: 1) Bilateral knee osteoarthritis, Orthovisc injections previously with some relief 2) Synvisc One to the left knee in August 2013 and February 2014 3) Synvisc One to the right knee in September 2013 and March 2014. [REDACTED] requested 1) Physical therapy 12 sessions, 2 times per week, for 6 weeks 2) Gym membership, unspecified duration. The utilization review determination being challenged is dated on 05/28/2014. [REDACTED] is the requesting provider, and he provided treatment reports from 11/04/2013 to 05/19/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Twelve (12) Physical Therapy sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: The patient presents with pain in both of her knees, aggravated by her activities. The request is for physical therapy a total of 12 sessions, 2 times per week times 6 weeks for her knees. Utilization review letter on 05/28/2014 indicates that the patient has had 8 visits physical therapy in the past. [REDACTED] report on 05/19/2014 states that, she has benefited from physical therapy. The treater does not indicate why additional therapy is being requested at this time or what can be accomplished with additional therapy. For non-post-operative therapy treatments MTUS guidelines allow 8-10 sessions for neuralgia, neuritis, and radiculitis, unspecified and 9-10 sessions for myalgia and myositis, unspecified. In this case, additional 12 sessions of physical therapy are excessive per MTUS guidelines. Therefore, the request for twelve (12) Physical Therapy sessions is not medically necessary and appropriate.

Gym Membership - Unspecified duration: 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, Gym memberships.

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

Decision rationale: The patient presents with pain in both of her knees, aggravated by her activities. The request is for gym membership, unspecified duration. The treater has asked for gym membership but does not explain why gym membership is being requested at this time, why exercise cannot be performed at home, what special needs there are for a gym membership and how the patient is being supervised during exercise. MTUS and ACOEM guidelines are silent regarding gym membership. ODG guidelines do not recommend it 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. In this case, there are no such discussion regarding special equipment, supervising or home exercise. Therefore, the request for Gym Membership - Unspecified duration is not medically necessary and appropriate.