MAXIMUS Federal Services

Case Number:	CM14-0106516		
Date Assigned:	09/16/2014	Date of Injury:	01/24/2011
Decision Date:	10/22/2014	UR Denial Date:	07/03/2014
Priority:	Standard	Application Received:	07/09/2014

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, has a subspecialty in Pain 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 records presented for review indicate that this 39-year-old female was reportedly injured on January 24, 2011. The most recent progress note, dated July 8, 2014, indicates that there were ongoing complaints of bilateral knee pain on the left worse than the right side. Current medications include hydrocodone, tramadol, Lidoderm patches, Buproprion, montelukast, buspirone, pantoprazole, and Maxalt The physical examination demonstrated tenderness and decreased range of motion of the bilateral knees. Edema was noted at the left knee and there was a normal lower extremity neurological examination. The injured employee ambulated with an antalgic gait. Diagnostic imaging studies revealed degenerative changes of the right patellofemoral joint and the bilateral medial compartments. Previous treatment includes a left knee surgery performed on April 12, 2012, and a lumbar spine discectomy and fusion performed July 12, 2010. A request had been made for a six month gym membership with a pool and tramadol and was not certified in the pre-authorization process on July 3, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 Month Gym Membership with Pool: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Knee Complaints, Exercise. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment for Worker's Compensation, Online Edition Chapter: Knee and Leg, 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), Shoulder, Gym Membership, (Updated August 27, 2014).

Decision rationale: According to the Official Disability Guidelines, a gym membership is not recommended as a medical prescription unless a home exercise program has not been effective and there is need for additional equipment. Additionally treatment in a gym environment to include a pool therapy program needs to be monitored and administered by medical professionals. Considering this, the request for a gym membership is not medically necessary.

Tramadol 37.5/325mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Knee Complaints, Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26; MTUS (Effective July 18, 2009) Page(s): 82, 113.

Decision rationale: The California MTUS guidelines support the use of Tramadol (Ultram) for short-term use after there is been evidence of failure of a first-line option, evidence of moderate to severe pain, and documentation of improvement in function with the medication. A review of the available medical records fails to document any improvement in function or pain level with the previous use of Tramadol. As such, the request is not considered medically necessary.