

Case Number:	CM14-0016966		
Date Assigned:	06/11/2014	Date of Injury:	03/17/2006
Decision Date:	07/21/2014	UR Denial Date:	01/27/2014
Priority:	Standard	Application Received:	02/10/2014

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 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 claimant is a represented [REDACTED] employee who has filed a claim for chronic knee pain reportedly associated with an industrial injury of March 17, 2006. Thus far, the claimant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; unspecified amounts of chiropractic manipulative therapy; and foot orthotics. In a progress note dated May 6, 2014, the claimant was placed off of work, on total temporary disability. The claimant had ongoing complaints of knee, ankle, and foot pain with associated giving way, and noted to be using a cane. There are complaints that orthotics were now old and cracked. The claimant exhibited well-healed scars about the right knee on inspection. The claimant was again placed off of work, on total temporary disability. The gym membership, knee orthotics, and knee surgery consultation were appealed.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 CONSULTATION WITH ORTHOPEDIC SURGEON: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343-344.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines, state that the presence of persistent complaints which prove recalcitrant to conservative management should lead the primary treating provider to reconsider the operating diagnosis and determine a specialist evaluation is necessary. In this case, the attending provider has stated that the applicant is a candidate for a total knee arthroplasty. Obtaining the added expertise of an orthopedic knee surgeon to determine the applicant's suitability of the same is indicated. Therefore, the request for 1 consultation with an orthopedic surgeon is medically necessary and appropriate.

1 GYM MEMBERSHIP WITH POOL ACCESS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

Decision rationale: According to the MTUS/ACOEM Guidelines, to achieve functional recovery, applicants must assume certain responsibilities, one of which is to adhere to and maintain exercise regimens. In this case, the gym membership being sought by the attending provider has been deemed, per ACOEM, to be an article of applicant responsibility as opposed to an article of payer responsibility. Therefore, the request for a gym membership with pool access is not medically necessary and appropriate.

1 MEDICAL CLEARANCE FOR GYM MEMBERSHIP: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

Decision rationale: The gym membership has been deemed not medically necessary, on the grounds that this is, per ACOEM, a matter of applicant responsibility as opposed to a matter of payer responsibility. Therefore, the request for medical clearance for gym membership is not medically necessary and appropriate.

1 CUSTOM FOOT ORTHOTIC REPLACEMENT: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 371-372.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 371.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 14, page 371, rigid orthotics may reduce pain experienced during walking and may reduce more global measures of pain and disability for applicants with plantar fasciitis and/or metatarsalgia. In this case, the attending provider has posited that the applicant has ongoing complaints of foot and heel pain, likely a function of plantar fasciitis. The applicant's old orthotics are apparently cracked and worn. Provision of a revision pair of orthoses is indicated. Therefore, the request is medically necessary.

1 PRESCRIPTION OF FLEXERIL 7.5MG: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine topic Page(s): 41.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines, state that an addition of Cyclobenzaprine or Flexeril to other agents is not recommended. In this case, the applicant, per a February 26, 2014 progress note, was using a variety of other agents, including Norco, an opioid. Adding Cyclobenzaprine or Flexeril to the mix is not recommended. Therefore, the request for 1 prescription of Flexeril 7.5 mg is not medically necessary and appropriate.