

Case Number:	CM14-0126388		
Date Assigned:	08/13/2014	Date of Injury:	08/04/2009
Decision Date:	09/18/2014	UR Denial Date:	07/28/2014
Priority:	Standard	Application Received:	08/08/2014

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 Anesthesiology, has a subspecialty in Pain Medicine, 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 68 year old whose date of injury is 08/04/2009. The mechanism of injury is not described. Treatment to date includes left wrist proximal row corpectomy and left thumb metacarpophalangeal joint fusion on 09/27/12, left total knee replacement surgery on 11/19/13, postoperative physical therapy and medication management. Progress report dated 06/05/14 indicates that the injured worker ambulates independently. There are no new complaints. She inquires if an independent gym membership would help. On physical examination there is no evidence of infection. Left knee range of motion is 0-125 degrees. There is no effusion and no limp. Note dated 07/18/14 indicates that her main complaint is bilateral pedal edema, left worse than right. She is asking about kidney function and wants blood tests.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gym Membership (Months) Qty: 6: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OGE-TWC-ODG treatment - Integrated Treatment /Disability Duration Guidelines Knee & Lef (Acute & Chronic (updated 6/5/14).

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

Decision rationale: There is no indication that a home exercise program has failed or that there is a need for equipment as required by the Official Disability Guidelines. Additionally, the Official Disability Guidelines generally do not recommend gym memberships as medical treatment as there is no information flow back to the provider, and there may be risk of further injury to the injured worker. Based on the clinical information provided, the request for gym membership (months) qty 6 is not recommended as medically necessary.

Internal Medicine Referral For Labs And Pedal Edema Qty: 1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 326-330.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, page 127.

Decision rationale: The medical necessity is not established. The initial request was non-certified noting that swelling of the ankles has a multitude of causes. Bilateral swelling should be investigated by an internist or family physician but it should not fall under the worker's comp accepted claim. There is insufficient information to support a change in determination, and the previous non-certification is upheld. No additional information was provided to address the issues raised by the initial denial. Based on the clinical information provided, the request for internal medicine referral for labs and pedal edema qty 1 is not medically necessary.