

Case Number:	CM14-0143054		
Date Assigned:	09/10/2014	Date of Injury:	12/24/2003
Decision Date:	11/06/2014	UR Denial Date:	08/26/2014
Priority:	Standard	Application Received:	09/04/2014

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 Orthopedic Surgery 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:

50 year old male claimant with reported industrial injury on 12/24/03. Exam note 7/23/14 demonstrates increased pain and swelling with prolonged activities. Exam reveals right knee from 2-140 degrees of flexion and left knee from 0-130 degrees of flexion. Exam note 3/13/14 demonstrates no signs or symptoms of infection in the knees. Range of motion of the right knee is 2-140 degrees and on the left 0-130 degrees. Diagnosis is severe osteoarthritis of the left knee with bone on bone contract and severe moderate osteoarthritis of the right knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy #18: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): Active therapy.

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

Decision rationale: CA MTUS/Chronic Pain Medical Treatment Guidelines, Physical Medicine, page 98-99 recommend the following for non-surgical musculoskeletal conditions, Physical Medicine Guidelines -Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. Myalgia and myositis, unspecified

(ICD9 729.1): 9-10 visits over 8 weeksNeuralgia, neuritis, and radiculitis, unspecified (ICD9 729.2)8-10 visits over 4 weeksAs the requested physical therapy of 18 visits exceeds the recommendation, the request is not medically necessary.

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: Home exercise program

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, Gym Membership

Decision rationale: CA MTUS/ACOEM and Chronic Pain Medical Treatment Guidelines are silent on the issue of gym membership. Alternative guidelines were utilized. According to the Official Disability Guidelines Low Back Chapter, Gym membership, "Not recommended 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 is lack of evidence that the claimant cannot perform a home based exercise program based upon the records reviewed from 7/23/14. Therefore, the request is not medically necessary.