

Case Number:	CM14-0020145		
Date Assigned:	04/25/2014	Date of Injury:	01/26/2009
Decision Date:	07/08/2014	UR Denial Date:	01/27/2014
Priority:	Standard	Application Received:	02/18/2014

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 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 injured worker is a 52 year old female with a reported injury date on January 26, 2009; the mechanism of injury was not provided. The clinical note dated February 6, 2014 noted that the injured worker had complaints of 8-9/10 pain to the neck, low back, and bilateral upper and lower extremities that had become worse. Objective findings included diffuse tenderness to the right knee. The request for authorization for an MRI of the Right Knee and Lumbar Spine and for a gym membership was submitted on January 17, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI OF THE RIGHT KNEE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 341-342.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341-343.

Decision rationale: The request for an MRI of the right knee is not medically necessary. It was noted that the injured worker had complaints of 8-9/10 pain to the neck, low back, and bilateral upper and lower extremities that has become worse. Objective findings included diffuse tenderness to the right knee. ACOEM guidelines state that special studies are not needed to evaluate most knee complaints until after a period of conservative care and observation. The

medical necessity for an MRI has not been established. There is no significant documented symptomatology that would suggest an MRI would be necessary or beneficial. Additionally, there is a lack of documentation that the injured worker has attempted any conservative care measures. As such this request is is not medically necessary.

MRI OF THE LUMBAR SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 303-304.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

Decision rationale: The request for an MRI of the lumbar spine is is not medically necessary. It was noted that the injured worker had complaints of 8-9/10 pain to the neck, low back, and bilateral upper and lower extremities that has become worse. Objective findings included diffuse tenderness to the right knee. ACOEM guidelines state that imaging studies can be ordered if there is an emergence of a significant change in symptoms, evidence of tissue insult or neurovascular dysfunction, failure to progress in a strengthening program intended to avoid surgery, and/or need for clarification of the anatomy prior to an invasive procedure. The medical necessity for a repeat MRI has not been established. There is no significant documented symptomatology that would suggest an MRI would be necessary or beneficial. Additionally, there is a lack of documentation that the injured worker has attempted any conservative care measures. As such this request is is not medically necessary.

GYM MEMBERSHIP: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 310.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Low Back Chapter, Gym Memberships.

Decision rationale: The request for a gym membership is not medically necessary. It was noted that the injured worker had complaints of 8-9/10 pain to the neck, low back, and bilateral upper and lower extremities that has become worse. Objective findings included diffuse tenderness to the right knee. The Official Disability Guidelines state that gym memberships are not recommended as a medical prescription unless a documented home exercise program with periodic assessment and revision has not been effective. Additionally, treatment needs to be monitored and administered by medical professionals. It remains unclear what the requesting physicians treatment goals and plans are that would warrant the need for a gym membership. Additionally, there is no documented evidence that the injured worker has previously attempted a home exercise program and there is no evidence that the injured worker would be supervised during the requested session. As such the request is not medically necessary.