

<b>Case Number:</b>	CM14-0023013		
<b>Date Assigned:</b>	05/12/2014	<b>Date of Injury:</b>	09/05/2006
<b>Decision Date:</b>	07/10/2014	<b>UR Denial Date:</b>	02/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/24/2014

### 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 and Rehabilitation, has a subspecialty in Interventional Spine 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 patient is a 49 year-old female who was injured on 9/5/06 when she tripped and fell while walking to her cubicle. She has been diagnosed with s/p cervical fusion C2 to C6 (2010); cervical myofascial pain; bilateral wrist sprain; s/p bilateral CTR in the remote past; right knee sprain, s/p right knee arthroscopy(2011); left knee sprain, s/p left knee arthroscopy(2010); osteoarthritis both knees; and nonindustrial obesity, diabetes and psoriasis. According to the 1/12/14 psychiatry report from [REDACTED], The patient presents with neck pain, bilateral wrist pain and bilateral knee pain. On exam, she is 5'6", 315 lbs. with psoriatic plaques over the knees and legs and some swelling, no effusion. Knee motion is 0-130 degs bilaterally. Knee x-rays showed decreased joint space on the right medial compartment, there was diffuse spurring tibia, and patellofemoral joint Tricomparmental degenerative spurring consistent with OA. The treatment plan included a gym membership x6 months and Orthovisc injections x6 for bilateral knees.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**6 MONTH 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) Knee regarding 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) Knee, Gym Membership.

**Decision rationale:** The ODG guidelines do not recommend gym memberships unless the home exercise program has not been effective and there is need for equipment, and the treatment needs to be monitored and administered by medical professionals. The 1/21/14 report mentions the patient wants to have workers comp pay for her gym membership. She goes to the [REDACTED] [REDACTED] nearby her residence. There is no discussion of home exercises, or who provides and monitors her exercises. The request is not in accordance with ODG guidelines.

**ORTHOVISC INJECTIONS X6, BILATERAL KNEES:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Guidelines regarding Hyaluronic acid injections/viscosupplementation.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee, Hyaluronic acid injections.

**Decision rationale:** I could not find a reference in MTUS or ACOEM on the Orthovisc injections, so ODG guidelines were reviewed. ODG recommends the injections for symptomatic OA, where pain interferes with functional activities. ODG states repeat series of injections are acceptable if there is documentation of significant improvement in symptoms for 6 months or more. According to [REDACTED], the patient had Orthovisc injections while under the care of [REDACTED], but there is no indication that the prior Orthovisc injections provided significant improvement in symptoms for 6-months or more. The request for repeat Orthovisc injections with unknown improvement from the prior series is not in accordance with ODG guidelines.