MAXIMUS Federal Services

Case Number:	CM14-0028013		
Date Assigned:	06/23/2014	Date of Injury:	05/10/2013
Decision Date:	11/19/2014	UR Denial Date:	03/03/2014
Priority:	Standard	Application Received:	03/05/2014

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:

This is a 53-year-old female with a 5/10/13 date of injury. According to a handwritten and slightly illegible progress report dated 2/14/14, the patient stated that her right knee symptoms are controlled because she does pool therapy. She also had right ankle complaints. The provider has requested authorization for a gym membership with a pool as this has been helping to decrease and maintain her symptoms. A diagnostic ultrasound of the right knee and right ankle has also been requested to rule out internal derangement and to consider additional treatment options. Physical exam findings of the right knee included minimal peripatellar swelling and tenderness at median and peripatellar joints. Physical exam findings of the right ankle included slight swelling at lateral aspect, positive crepitus, positive anterior drawer. Diagnostic impression: right ankle sprain, history of hairline fracture, tendon tear, right knee sprain. Treatment to date: medication management, activity modification, pool therapy. A UR decision dated 3/3/14 denied the request for gym membership, right ankle ultrasound, and right knee ultrasound. Regarding gym membership, the rationale for a gym membership is not indicated at this time as CA MTUS guideline criteria have not been met. Regarding right knee ultrasound, the current documentation does not indicate there are functional deficits that have been treated with conservative treatment or examination findings to support the need for special studies. Regarding right ankle ultrasound, there is no indication in the most recent progress report of functional deficits or previous treatment to support the need for special testing of the ankle. It is noted there is a history of a hairline fracture of an unknown date and no radiographic reports to confirm this.

IMR ISSUES, DECISIONS AND RATIONALES

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

GYM MEMBERSHIP AT THE [redacted]: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee and Leg Chapter 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) Low Back Chapter - Gym Membership

Decision rationale: CA MTUS does not address this issue. ODG does not recommend gym memberships unless a documented home exercise program with periodic assessment and revision has not been effective and there is a need for equipment. In addition, treatment needs to be monitored and administered by medical professionals. However, there is no evidence that attempts at home exercise were ineffective. There is no evidence that the patient would require specialized equipment. There is also no indication that treatment will be administered and monitored by medical professionals. In addition, gym memberships, health clubs, swimming pools, athletic clubs, etc., are not generally considered medical treatment. Therefore, the request for Gym Membership at the [redacted] was not medically necessary.

RIGHT KNEE ULTRASOUND: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

Decision rationale: Special studies are not needed to evaluate most knee complaints until after a period of conservative care and observation. Most knee problems improve quickly once any red-flag issues are ruled out. For patients with significant hemarthrosis and a history of acute trauma, radiography is indicated to evaluate for fracture. However, in the present case, there is no documentation that the patient has had a significant trauma to the knee or that the provider suspects a fracture. There is no documentation of a red-flag condition indicating that imaging studies are necessary. Furthermore, there is no documentation as to failure of conservative management. In fact, the patient stated that her right knee symptoms are controlled because she does pool therapy. Therefore, the request for Right Knee Ultrasound was not medically necessary.

RIGHT ANKLE ULTRASOUND: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints.

Decision rationale: For most cases presenting with true foot and ankle disorders, special studies are usually not needed until after a period of conservative care and observation. Most ankle and foot problems improve quickly once any red-flag issues are ruled out. Routine testing, i.e., laboratory tests, plain-film radiographs of the foot or ankle, and special imaging studies are not recommended during the first month of activity limitation, except when a red flag noted on history or examination raises suspicion of a dangerous foot or ankle condition or of referred pain. However, in the present case, there is no documentation as to failure of a period of conservative care and observation. There is no documentation of a red-flag condition indicating that imaging studies are necessary. A specific rationale identifying why an ankle ultrasound is required in this patient was not provided. Therefore, the request for Right Ankle Ultrasound was not medically necessary.