

Case Number:	CM14-0030964		
Date Assigned:	06/20/2014	Date of Injury:	08/16/2010
Decision Date:	07/18/2014	UR Denial Date:	02/13/2014
Priority:	Standard	Application Received:	03/11/2014

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, 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 55 year old female whose date of injury is 08/16/2010. On this date she tripped and fell on carpet. Follow-up note dated 05/21/14 indicates that she continues to have ongoing pain in her lower back which radiates to both lower extremities. She is status post lumbar epidural steroid injection on 09/12/13 which provided significant relief for 4 months. She underwent right knee arthroscopy on 09/18/12 with revision in August 2013 as well as Synvisc injection on 10/11/13. She underwent left knee arthroscopy on 02/27/13. On physical examination motor testing is equal in the lower extremities. Deep tendon reflexes are 2+ throughout. Assessment notes bilateral knee myoligamentous injury, lumbar myoligamentous injury, right upper extremity myoligamentous injury, obesity, hypertension, bilateral greater trochanteric bursitis, and status post bilateral knee arthroscopy.

IMR ISSUES, DECISIONS AND RATIONALES

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

16 sessions of pool therapy: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy Page(s): 20.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines AQUATIC THERAPY Page(s): 22.

Decision rationale: The request is excessive as California Medical Treatment Utilization Schedule guidelines would support 1-2 visits every 4-6 months for recurrence/flare-up and note that elective/maintenance care is not medically necessary. There are no specific, time-limited treatment goals provided. Therefore, the request for 16 sessions of pool therapy 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 (ODG) Official Disability Guidelines Lumbar spine; Gym memberships.

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

Decision rationale: There is no indication that a home exercise program has been ineffective as required by the Official Disability Guidelines. The Official Disability Guidelines generally do not support gym memberships as there is no information flow back to the provider and there may be risk of further injury to the injured worker. Therefore, the request for gym membership is not medically necessary.