

Case Number:	CM14-0036050		
Date Assigned:	06/23/2014	Date of Injury:	08/04/2012
Decision Date:	07/21/2014	UR Denial Date:	02/27/2014
Priority:	Standard	Application Received:	03/24/2014

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 Geriatrics and is licensed to practice in New York. 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 woman with a date of injury of 6/4/12. She is status post MRI and MR arthrogram in November and December 2012 showing moderate joint effusion, intrasubstance degeneration of the posterior horn of the medial meniscus, myxoid degeneration of the anterior cruciate ligament, soft tissue swelling superficial to the patellar tendon and a 3-4mm Baker's cyst. She was seen by her primary treating physician on 1/7/14 complaining of moderate left knee pain with 'ADLs affected. There is no physical exam documented. Her diagnoses were status post left knee contusion, left knee sprain/strain and small chondral defect, left knee. She was referred for aquatic therapy, gym membership, updated left knee MRI and EMG/NCV of the lower extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic therapy: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy.

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

Decision rationale: Aquatic therapy is recommended as an optional form of exercise therapy, where available, as an alternative to land based physical therapy. Aquatic therapy (including swimming) can minimize the effects of gravity, so it is specifically recommended where reduced weight bearing is desirable, as in extreme obesity. In this case, the records do not justify why aqua therapy is indicated over a course of land based therapy and the request for aqua therapy is therefore 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, Low Back Chapter, Gym memberships Official Disability Guidelines chapter 5221.6600, Health Clubs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46-47.

Decision rationale: There is strong evidence that exercise programs, including aerobic conditioning and strengthening, are superior to treatment programs that do not include exercise. There is no sufficient evidence to support the recommendation of any particular exercise regimen over any other exercise regimen. The medical records do not substantiate or justify why a gym membership is requested over land based therapy targeting her knee injury. The records do not support the medical necessity for a gym membership.

MRI, left knee: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 335-339.

Decision rationale: The request in this injured worker with chronic knee pain is for a MRI of the left knee. The records do not document a physical exam and therefore, there are no red flags or indications for immediate referral or imaging. A MRI can help to identify anatomic defects such as meniscus or ligament tears and an MRI already was completed in 2012 documented structural issues. In the absence of physical exam evidence of red flags or physical exam evidence of a new anatomic abnormality, a MRI of the left knee is not medically justified.

EMG of the lower extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 165-193.

Decision rationale: Electromyography (EMG), and nerve conduction velocities (NCV) may help identify subtle focal neurologic dysfunction in patients with low back symptoms, or both, lasting more than three or four weeks. They can identify low back pathology in disc protrusion. This injured worker has already had a lumbar MRI and MR arthrogram in 2012. There are no red flags on physical exam to warrant further imaging, testing or referrals. The records do not support the medical necessity for an EMG of the bilateral lower extremities.

NCS for the lower extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 165-193.

Decision rationale: Electromyography (EMG), and nerve conduction velocities (NCV) may help identify subtle focal neurologic dysfunction in patients with low back symptoms, or both, lasting more than three or four weeks. They can identify low back pathology in disc protrusion. This injured worker has already had a lumbar MRI and MR arthrogram in 2012. There are no red flags on physical exam to warrant further imaging, testing or referrals. The records do not support the medical necessity for NCV of the bilateral lower extremities.