

Case Number:	CM14-0040452		
Date Assigned:	06/16/2014	Date of Injury:	10/13/2011
Decision Date:	12/19/2014	UR Denial Date:	02/13/2014
Priority:	Standard	Application Received:	03/07/2014

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 Neurology, has a subspecialty in Clinical Neurophysiology and is licensed to practice in Virginia. 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:

According to the records made available for review, the Injured worker (IW) is a 32 year old male. The date of injury is 13 October, 2011. As a mechanism of injury, the IW accidentally shot himself in the left knee with a nail gun while working as a carpenter. At the time of request for review on 13 February, 2014, the IW had underwent a left knee arthroscopy in late 2011 (specific date unspecified by the record) and had underwent surgical removal of the nail and residual metal fragments. He had subsequently slipped on the ice some time in December 2012 (unspecified date in the medical record), There is documentation in a clinical note dated 24 January, 2014 that the IW had complained of left knee pain. His physical exam at the time showed tenderness to palpate along the left medial patellar tendon line. He showed a positive anterior drawer test. There is evidence of crepitus with extention of the left knee. There is documentation of atrophy of the quadriceps muscle in the left leg in a clinical note dated 07 February, 2014. There is an MRI of the left knee documented in January, 2013 (no specific date stated in the record) that showed chondromalacia of the left knee and a partial left meniscus tear. There is documentation in a clinical note dated 24 January, 2014 that the patient was diagnosed with left knee pain and internal derangement of the left knee. There is documentation that the IW had undergone a cortisone injection to the left knee on 29 September, 2013. It is documented that Physical therapy was recommended for the injured worker on 26 November, 2014 but it was stated in another clinical note dated 07 January, 2014 that the IW had not been to Physical Therapy treatment in a long time. There is no clarification in the medical record as to the IW's specific treatment in the past with Physical Therapy and there is no clarification of a Physical Therapy treatment plan. It is recommended in a clinical note dated 07 February, 2014 that the IW should ride a stationary bike for 20 minutes, 4 times a week.

IMR ISSUES, DECISIONS AND RATIONALES

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

GYM MEMBERSHIP FOR ONE YEAR: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 299.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: MTUS guidelines recommends Physical Medicine as an effective form of treatment for providing short term relief during the early phases of pain treatment to control pain, inflammation and swelling and to improve the rate of healing of soft tissue injuries. They can be used sparingly with active therapies to help control swelling, pain and inflammation during the rehabilitation process. Active therapy is beneficial for restoring flexibility, strength, endurance, function, range of motion and can alleviate discomfort. The guidelines further state that active therapy requires an internal effort by the individual to complete a specific exercise or task. This form of activity may require supervision from a physical therapist for verbal, visual or tactical functions. Patients are both instructed and expected to continue the active therapies prescribed at home as an extension of the treatment process in order to maintain maximum improvement levels. In the case of the IW described in the medical documentation, there is no specific treatment plan clarified as to specific physical therapy management that the patient has undergone thus far. There is no description of specific goals for physical therapy. There is no specific treatment plan with goals for clinical and physical management with a prescribed treatment with membership at a gym for one year. There is no plan for supervision by a licensed physical therapist as the injured worker maintains exercise at a gym over the course of a year. The medical records do not establish a plan of medical supervision of the exercise that is to take place at the gym. Therefore, according to the guidelines and a review of the evidence, treatment with a gym membership for a year is not medically necessary.