MAXIMUS Federal Services

Case Number:	CM14-0043234		
Date Assigned:	06/20/2014	Date of Injury:	07/05/2001
Decision Date:	07/18/2014	UR Denial Date:	03/01/2014
Priority:	Standard	Application Received:	03/17/2014

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 76 year-old male with a 7/5/2001 date of injury. He has been diagnosed with pain in joint, lower leg; crushing injury of lower leg; unspecified disorder of bursae, tendons shoulder; chronic pain syndrome; neuritis, left chest wall secondary to donor site. According to the 12/4/13 orthopedic report from [redacted], the patient presents with pain in the right and left legs. Right leg was stable with deformity with external rotation and scarring of the muscle pedical graft over the posteromedial aspect of the right leg. ROM is 0-122. The patient had decreased activity, and as a result the right wrist pain has decreased due to not using the walker. [redacted] recommended aquatic exercises to increase strength in the right lower extremity, and requested a 1-year membership to the [redacted] for this, as the patient has attended therapy at that facility in the past. [redacted] also recommended continuing Norco 10/325mg b.i.d. #60. On 3/1/14 UR recommended against the gym membership and hydrocodone/acetaminophen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Unknown prescription of Hydrocodone Acetaminophen: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Long-term Opioid use Page(s): 88-89.

Decision rationale: According to the 12/4/13 orthopedic report from [redacted], the patient presents with pain in the right and left legs. The report states the patient in the right lower leg ranges between 5/10 at least and 7/10 at worst, and alleviating factors include prescription medications. He was taking Celexa 20mg qd, and Norco 10/325 bid. The IMR request is for "unknown prescription of Hydrocodone acetaminophen" The medical report from [redacted] shows the dosage for Norco (hydrocodone/acetaminophen) 10/325mg as bid (twice a day) for 1-month or #60 tablets. The report provides a pain assessment, (5-7/10) and states the medication is an alleviating factor. According to California MTUS guidelines, a "Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life." The patient appears to have a satisfactory response to Norco, and the dosage is clearly indicated by the physician. The request is in accordance with California MTUS guidelines.

1 gym membership for aquatic therapy: 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), Ankle & Foot (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Outcomes and Endpoints, Aquatic therapy, Physical Medicine Page(s): 8-9, 22, 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), knee chapter, for Gym memberships, see Physical therapy (PT) & Exercise. See also the Low Back Chapter.

Decision rationale: According to the 12/4/13 orthopedic report from [redacted] the patient presents with pain in the right and left legs. The report states the patient in the right lower leg ranges between 5/10 at least and 7/10 at worst, and alleviating factors include prescription medications, rest, change activity and position, elevation. [redacted] recommended aquatic therapy with membership (x1 year) at the community center which the patient had attended in the past. The IMR request is for a gym membership for aquatic therapy. There is no discussion as to whether the prior aquatic therapy/gym membership provided any functional improvement, reduced pain or improved quality of life. There is no discussion of how many sessions of aquatic therapy are requested, or what medical professional will be administering and supervising the aquatic therapy. ODG guidelines do not recommend gym memberships without medical supervision as medical treatment. California MTUS guidelines do support aquatic therapy as an alternative to land-based exercises, when reduced weight-bearing is desirable, as in this case with the patient who has bilateral lower extremity injuries. However, California MTUS also states for the number of recommended sessions to see the Physical Medicine section. California MTUS Physical Medicine section shows 8-10 sessions of therapy for various myalgias and neuralgias. The request for a gym membership for aquatic therapy does not list the number of sessions requested. The unknown number of sessions of aquatic therapy cannot be verified to be in accordance with the specific number recommended in the California MTUS guidelines. Therefore the request is not medically necessary.