

Case Number:	CM14-0044061		
Date Assigned:	07/02/2014	Date of Injury:	02/09/2003
Decision Date:	08/19/2014	UR Denial Date:	03/18/2014
Priority:	Standard	Application Received:	04/11/2014

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 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:

The patient is a 62-year-old male who was injured on 02/09/2003. The mechanism of injury is unknown. Progress report dated 02/21/2014 states the patient complained of right knee pain. He reported discomfort when performing activities of daily living. He describes his pain as mild, moderate and intermittent. He stated he has twitching and uneven surfaces, stairs, squatting and prolonged walking aggravates his pain. On examination, the right knee revealed tenderness to palpation over the medial and lateral joint lines. His range of motion is decreased in flexion and extension. He is diagnosed with status post right total knee arthroplasty and the other diagnoses are illegible. There is a request for transportation to and from all medical appointments and a request for 6 months gym membership to increase strength and function. Prior utilization review dated 03/18/2014 states the requests for 6 month gym membership and transportation to and from all medical appointments are not certified as there is evidence that a home exercise program is as effective as a supervised program for treatment of chronic low back pain and transportation is not considered medical treatment or medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 month gym membership: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

Decision rationale: According to Official Disability Guidelines, gym memberships are not recommended as a medical prescription unless a home exercise program has not been effective and there is a need for equipment. Plus, treatment needs to be monitored and administered by medical professionals. In this case the patient has chronic right knee pain status post knee replacement. However, medical records do not establish a need for equipment or monitoring by medical professionals. Further, additional surgery is being contemplated. Therefore, this request is not medically necessary.

Transportation to and from all medical appointments: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Clinical Policy Bulletins, Number 0218, Home health aides policy.

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

Decision rationale: According to Official Disability Guidelines guidelines, transportation is recommended for medically-necessary transportation to appointments in the same community for patients with disabilities preventing them from self-transport. In this case, medical records to establish that the patient is not able to self-transport. He is ambulatory and able to drive a car. Medical necessity is not established.