

Case Number:	CM14-0062086		
Date Assigned:	07/11/2014	Date of Injury:	05/31/2011
Decision Date:	09/15/2014	UR Denial Date:	04/21/2014
Priority:	Standard	Application Received:	05/05/2014

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 Anesthesiology, has a subspecialty in Pain 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 injured worker is a 49 year old female whose date of injury is 05/31/2011. On this date she was stepping out of a work truck and stepped into a valve box with the cover missing, twisting the right knee. Treatment to date includes right knee surgery in January 2012, excision of a deep soft tissue mass from the right knee and physical therapy. Note dated 02/19/14 indicates that the injured worker has an unloader brace and extra padding has been applied to the brace. Note dated 04/07/14 indicates that diagnoses are right knee mass, and right knee joint pain. Progress note dated 06/30/14 indicates that her left knee is still tender due to gait. On physical examination range of motion is -5 to 100 degrees. Motor strength is 4/5 in the right quad.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE YEAR MEMBERSHIP AT A GYM THAT HAS A POOL: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation 2010 REVISION , WEB EDITION.

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 Chapter, Gym memberships.

Decision rationale: The submitted records fail to establish that a home exercise program has failed or that there is a need for equipment as required by the Official Disability Guidelines. Additionally, the Official Disability Guidelines do not generally 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. Based on the clinical information provided, the request for one year membership at a gym that has a pool is not recommended as medically necessary.

DME-POOL UNLOADER BRACE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation 2010 REVISION , WEB EDITION.

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 Chapter, Unloader braces for the knee.

Decision rationale: There is no clear rationale provided to support the requested brace at this time. The submitted records indicate that the injured worker currently has an unloader brace. Given the current clinical data, medical necessity cannot be established in accordance with the Official Disability Guidelines. Based on the clinical information provided, the request for pool unloader brace is not recommended as medically necessary.