

Case Number:	CM14-0204798		
Date Assigned:	12/17/2014	Date of Injury:	09/05/2008
Decision Date:	02/06/2015	UR Denial Date:	12/02/2014
Priority:	Standard	Application Received:	12/08/2014

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 Family Practice 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 54 year-old female who was injured on 9/5/08 when she was assaulted by a client. She had right hip, right lower leg, chest/ribs, lower back pain, as well as mental distress. On exam, she had pain of lumbar spine, decreased range of motion of right hip, using a cane to ambulate. She was diagnosed with lumbar sprain and right hip post-traumatic arthritis status post hip replacement. She had medial branch block of lumbar spine in 2/2013, L4-5 radiofrequency ablation of medial branch nerves in 3/2013, and right total hip replacement in 2011. Her medications included narcotics, anti-inflammatories, antianxiety and antidepressant. She had physical therapy which helped symptoms but acupuncture did not help. She fell on her weak leg, hitting the right side of her face, and requires dental work. The current request is for gym membership, dental work for repair of fractured bilateral incisors, and dental cleaning with irrigation and fluoride treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pool/Gym Membership (In Months) Qty 6: 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)

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: The request is not medically necessary. MTUS guidelines do not address gym memberships, therefore ODG guidelines were used. According to ODG, gym memberships are not considered medical treatment and are not recommended as part of a medical prescription unless a "documented home exercise program with periodic assessment and revision has not been effective and there is a need for equipment." The patient is being treated for lumbar sprain and right hip post-traumatic arthritis status post hip replacement with medications, physical therapy, and acupuncture. There is no documentation suggesting a need for equipment or that she is unable to perform a home exercise program. Therefore, the request is considered not medically necessary.

Dental Work - Repair of Fractured Bilateral Incisors Qty 1: Overturned

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

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

Decision rationale: The request is considered medically necessary. As a result of the trauma she suffered from the assault on the day of injury, the patient suffers from lower extremity pain and weakness which makes it difficult for her to ambulate and resulted in a fall that caused fracture of bilateral incisors. According to ODG guidelines repair is recommended because the injury is related to the underlying initial injury. Therefore, I am reversing the prior UR decision.

Dental Cleaning, Irrigation and Fluoride Treatment Qty 1: 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)

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

Decision rationale: The request is considered not medically necessary. The patient is being treated for lumbar sprain and right hip post-traumatic arthritis status post hip replacement. Routine dental care involving cleaning and fluoride treatment has no relationship with the underlying initial injury. The assault did not cause plaque or cavities that would necessitate a cleaning and fluoride treatment. Therefore the request is considered not medically necessary.