MAXIMUS Federal Services

Case Number:	CM14-0205091		
Date Assigned:	12/17/2014	Date of Injury:	04/07/2005
Decision Date:	02/11/2015	UR Denial Date:	11/04/2014
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 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 applicant is a represented [redacted] employee who has filed a claim for chronic ankle pain, knee pain, and lower leg pain reportedly associated with an industrial injury of April 7, 2005.In a Utilization Review Report dated November 4, 2014, the claims administrator denied a request for gym membership while approving request for tramadol and Norco. The applicant, per the claims administrator, was status post left ankle Achilles tendon surgery, below-the-knee right knee amputation, and a left sliding calcaneal osteotomy. The claims administrator referenced an October 24, 2014 progress note in its determination, along with non-MTUS ODG Guidelines. The claims administrator seemingly based the denial on the fact that the applicant could potentially be injured while in the gym and potentially expose the claims administrator to heightened liability.The applicant's attorney subsequently appealed.In an October 24, 2014 progress note, the applicant reported persistent complaints of left ankle and left heel pain. The applicant was using Norco for pain relief. The applicant was status post a right below-the-knee amputation, it was stated in one section of the report and status post right total knee arthroplasty, it was stated in another section of the note. The attending provider stated that the applicant was stable but needed some prosthetic repairs. The applicant exhibited a visible limp with the prosthesis. The applicant's BMI was 22. A rather permissive 25-pound lifting limitation was endorsed. It was not clearly stated whether the applicant was or was not working with said limitation in place. The attending provider stated that the applicant needed specialized equipment to do exercises owing to his amputation. The attending provider also stated that the applicant needed modifications to his truck to allow him to use the same owing to his amputation. The attending provider seemingly suggested that the applicant would be incapable of doing home exercise without the gym membership.In a Medical-legal Evaluation dated October 27, 2014, the applicant was described as currently going swimming at a facility with a

pool approximately twice per week for exercise purposes. The applicant last worked in June 2010, it was acknowledged. The medical-legal evaluator noted that the applicant was unable to return to his usual and customary duties. The medical-legal evaluator suggested that the applicant pursue a prosthetic repair procedure.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 gym membership for specialized equipment or/ purchase adaptive equipment or/pool: 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), Low Back - Lumbar & Thoracic (Acute & Chronic)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 48,Chronic Pain Treatment Guidelines Physical Medicine topic, Physical Methods section. Page(s): 98.

Decision rationale: The request is inherently ambiguous and opens off up to a variety of interpretations. The MTUS Guideline in ACOEM Chapter 3, page 48 stipulates that an attending provider furnish a prescription for physical therapy which "clearly states treatment goals." By analogy, prescriptions for specialized equipment, gym memberships, adaptive equipment, etc., should likewise clearly state treatment goals and/or be clearly and precisely articulated. Here, the attending provider did not state whether he was seeking a gym membership, specialized equipment, and/or purchase of adaptive equipment and/or pool. Here, the information on file suggests that the applicant sustained a below-the-knee amputation, has an indwelling prosthesis, has significant residual impairment, and likely needs some form of gym membership and/or specialized equipment to perform home exercises. While page 98 of the MTUS Chronic Pain Medical Treatment Guidelines does state that applicants are selected to continue active therapies at home as an extension of the treatment process, in this case, a variance from the guideline could have been made on the grounds that the applicant has significant impairment above and beyond that encapsulated in the guideline following a below-the-knee amputation, provided the attending provider had clearly stated or articulated what precisely he was requesting. Since the request is inherently ambiguous, it does not clearly state treatment goals, and is open to a variety of interpretations, it is, by definition, at odds with ACOEM Chapter 3, page 48. Therefore, the request is not medically necessary.