MAXIMUS Federal Services

Case Number:	CM15-0009498		
Date Assigned:	01/27/2015	Date of Injury:	10/31/2013
Decision Date:	03/24/2015	UR Denial Date:	12/18/2014
Priority:	Standard	Application Received:	01/16/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: California, Arizona
Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 47-year-old male with a reported date of injury on 10/31/2013. The mechanism of injury was not provided within the medical records. The injured worker was diagnosed with degenerative joint disease and status post right knee arthroscopy. Prior treatments included physical therapy and viscosupplementation injections. The primary treating physician's progress report dated 12/02/2014 noted the injured worker had right knee pain which was mostly lateral. The injured worker had difficulty raising from squatting and kneeling positions. It was indicated the injured worker received some relief with Euflexxa and home exercise. Upon physical examination, it was noted the injured worker had right knee crepitus, slight tenderness laterally, range of motion was 0 to 120 degrees, and strength was 5-/5. Ligaments were stable upon examination and the patella appeared stable with good tracking. The physician's treatment plan included recommendations for obtaining a patellar tracking brace, continuation of exercise as tolerated, as well as a gym membership for strengthening. The requesting physician's rationale for the patellar tracking brace was not indicated within the medical records. The Request for Authorization was dated 12/11/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gym membership (in months) QTY: 6.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. 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) Low back, Gym memberships.

Decision rationale: The request for a gym membership (in months) quantity 6 is not medically necessary. The Official Disability Guidelines note gym memberships are not recommended as 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. Treatment needs to be monitored and administered by medical professionals. While an individual exercise program is of course recommended, more elaborate personal care where outcomes are not monitored by a health professional, such as gym memberships or advanced home exercise equipment, may not be covered under this guideline, although temporary transitional exercise programs may be appropriate for patients who need more supervision. With unsupervised programs there is no information flow back to the provider, so he or she can make changes in the prescription, and there may be risk of further injury to the patient. Within the provided documentation, there was a lack of evidence indicating the injured worker was participating in a home exercise program with periodic assessment and revision which had not been effective. There was a lack of documentation indicating the injured worker had a need for specific equipment. In the absence of this information, the request is not indicated. As such, the request for a gym membership (in months) quantity 6 is not medically necessary.

Patella tracking brace for the right knee QTY: 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 340.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 339-340.

Decision rationale: The California MTUS/ACOEM Guidelines state a knee brace can be used for patellar instability, anterior cruciate ligament tear, or medial collateral ligament instability, although the benefits may be more emotional than medical. Usually a brace is necessary only if the patient is going to be stressing the knee under load, such as climbing ladders or carrying boxes. For the average patient, using a brace is usually unnecessary, and in all cases, braces need to be properly fitted and combined with a rehabilitation program. Within the documentation, there was a lack of evidence of patellar instability, an anterior cruciate ligament tear, or evidence of medial collateral ligament instability. There was no indication that the injured worker would be stressing the knee under a load and climbing ladders or carrying boxes. The requesting physician's rationale for the request was not indicated within the provided documentation. As such, the request for a patella tracking brace for the right knee quantity 1 is not medically necessary.