MAXIMUS Federal Services

Case Number:	CM15-0133932		
Date Assigned:	07/22/2015	Date of Injury:	10/01/1997
Decision Date:	08/19/2015	UR Denial Date:	06/23/2015
Priority:	Standard	Application Received:	07/10/2015

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: New Jersey, New York
Certification(s)/Specialty: Family Practice

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 66 year old male, who sustained an industrial injury on 10/01/1997. He has reported injury to the bilateral knees and the mid and low back. The diagnoses have included lumbago; lumbar spine radiculitis, bilateral, right greater than left; chronic thoracic spine sprain/strain; left thumb carpal-metacarpal joint sprain; osteoarthritis knees, bilateral, right greater than left; right medical meniscal tear; and status post right knee arthroscopy, on 01/24/2015. Treatment to date has included medications, diagnostics, ice, heat, bracing, TENS (transcutaneous electrical nerve stimulation) unit, injection, acupuncture, chiropractic, surgical intervention, aquatic therapy, and home exercise program. Medications have included Ibuprofen, Lodine, Ultram, Norco, Flexeril, and Restoril. A progress note from the treating physician, dated 06/01/2015, documented a follow-up visit with the injured worker. Currently the injured worker complains of pain in the mid-back, right paravertebral muscle greater than left; pain severity is rated 4/10 at its least, and 7/10 at its worst; pain in the lumbar spine, pelvic brim and junction, right greater than left; pain severity is rated 4/10 at its least, and 7/10 at its worst pain in the anterior aspect of the right knee at the joint line with radiation into the lateral medical joint lint, into the ankle; the pain severity 4/10 at its least, and 7/10 at its worst; pain in the anterior aspect of the left knee with radiation to the ankle; pain severity is rated 3/10 at its least, and 6/10 at its worst. Objective findings included tenderness in the lower thoracic spine and paravertebral musculature bilaterally, greater on the right than on the left; lumbar spine tenderness at the pelvic brim and junction, greater on the right than on the left; decreased range of motion; right knee slight effusion with slightly increased warmth; slight retropatellar crepitation on active

flexion and extension; compression testing is slightly positive; left knee with slight plus effusion; compression testing is slightly positive; moderate medial joint line tenderness; atrophy of the left thigh as compared to the right that is slight to moderate; gait with slight limp on the right; and heel and toe walking with mild low back pain. The treatment plan has included the request for hot tub for heat therapy; and gym membership, 1 year.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hot Tub for Heat Therapy: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The request is considered not medically necessary. MTUS guidelines do not address the use of hot tubs. According to ODG guidelines, hot tubs are recommended if the patient is homebound which does not apply to the patient. There is no evidence that the patient would not benefit from other modalities utilizing heat. Therefore, the request is considered not medically necessary.

Gym membership, 1 yr: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Low Back: Lumbar & Thoracic (acute & chronic)-Gym memberships.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee, 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." There is no documentation suggesting a need for equipment or that he is unable to perform a home exercise program. Therefore, the request is considered not medically necessary.