

Case Number:	CM15-0208429		
Date Assigned:	10/27/2015	Date of Injury:	07/30/2012
Decision Date:	12/08/2015	UR Denial Date:	10/02/2015
Priority:	Standard	Application Received:	10/22/2015

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: Texas, Florida, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 33 year old male who sustained a work-related injury on 7-0-12. Medical record documentation on 9-8-15 revealed the injured worker was being treated for status post right hip extensive heterotopic ossification excision with inflammatory capsulitis excision, bilateral lower extremity incomplete paraplegia with recurrent muscle spasms, history of cervical and thoracic fusion with later stem cell implantation, and left midfoot and lateral ankle sprain. He was making good progress with physical therapy for the right hip and had better control with transfer training. He had no significant pain or muscle spasms about the hip and he was able to maintain his post-operative range of motion with no new stiffening of the hip. He had become independent with his transfer training again with no new complaints. On physical examination the injured worker had no tenderness to palpation, no swelling and no skin changes. He had a range of motion of 0 to 105 degrees, internal rotation of 10 degrees, and external rotation of 45 degrees. He had no spasms of signs of pain with impingement testing. He was neurovascularly unchanged distally with near total paraplegia of the bilateral lower extremities. The evaluating physician discussed with the injured worker transitioning to a home therapy program using his previous [REDACTED] for continued functional training. An AP pelvic and AP lateral x-ray would be taken for the final evaluation of the hip. The evaluating physician noted he had good functional use of the hip and had likely reached maximus medical improvement. Previous treatment included at least 9 sessions of physical therapy from 4-9-15 through 8-6-15. A request for one year [REDACTED] Membership and X-ray of the right femur was received on 9-29-15. On 10-2-15, the Utilization

Review physician determined one year [REDACTED] Membership and X-ray of the right femur was not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 year [REDACTED] Membership: 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); Gym Membership.

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 and other chapters, regarding Gym programs.

Decision rationale: The current California web-based MTUS collection was reviewed in addressing this request. The guidelines are silent in regards to this request. Therefore, in accordance with state regulation, other evidence-based or mainstream peer-reviewed guidelines will be examined. The ODG notes regarding Gym Programs memberships: 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. Plus, 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. Gym memberships, health clubs, swimming pools, athletic clubs, etc., would not generally be considered medical treatment, and are therefore not covered under these guidelines. For more information on recommended treatments, see Physical therapy (PT) & Exercise. Therefore, I am not able to endorse this gym program as a reasonable and necessary medically prescribable treatment. The request is not medically necessary.

X-ray right femur 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); Hip & Pelvis (Acute & Chronic): Gym memberships (2015).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip section, X-rays.

Decision rationale: The current California web-based MTUS collection was reviewed in addressing this request. The guidelines are silent in regards to this request. Therefore, in accordance with state regulation, other evidence-based or mainstream peer-reviewed guidelines will be examined. The ODG notes: Plain radiographs (X-Rays) of the pelvis should routinely be obtained in patients sustaining a severe injury. (Mullis, 2006) X-Rays are also valuable for identifying patients with a high risk of the development of hip osteoarthritis. (Gossec, 2009) (Reijman, 2005) (Conrozier, 2001) In this case, the area has been extensively studied, and there is no documented significant interval change since the last study. The request is appropriately not medically necessary since clinical necessity was not established.