MAXIMUS Federal Services

Case Number:	CM15-0208802		
Date Assigned:	10/27/2015	Date of Injury:	12/11/2006
Decision Date:	12/16/2015	UR Denial Date:	10/02/2015
Priority:	Standard	Application Received:	10/23/2015

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, New York, 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:

The applicant is a represented [redacted] beneficiary who has filed a claim for chronic knee, neck, and wrist pain reportedly associated with an industrial injury of December 11, 2006. The claims administrator referenced a September 17, 2015 office visit in its determination. The applicant's attorney subsequently appealed. On September 16, 2015, the applicant reported ongoing issues with chronic knee pain. The applicant was using Norco at a rate of 6 tablets daily, along with Zoloft, Flexeril, and Desyrel, the treating provider reported. The applicant had undergone earlier knee surgery and was reportedly struggling with the same. The applicant had undergone 3 prior knee arthroscopies, the treating provider reported. Ongoing and generalized edema about the knee was noted with only limited knee range of motion from 0- 60 degrees. The applicant was placed off of work, on total temporary disability. The attending provider contended that the applicant's pain medications were reducing his pain scores from 8/10 without medications to 4/10 with medications. The attending provider stated, in another section of the note, that the applicant was 3 months status post a June 18, 2015 total knee arthroplasty. A gym membership was sought on the grounds that the applicant needed access to water therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Weaning of Medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

Decision rationale: The request for Norco, a short-acting opioid, was not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, however, the applicant was off of work, on total temporary disability, the treating provider reported on September 16, 2015. While the treating provider did recount a reduction in pain scores from 8/10 without medications to 1/10 with medications, these reports were, however, outweighed by the applicant's failure to return to work, the attending provider's decision to keep the applicant off of work, on total temporary disability, between the 3 and 4 months marks of the date of knee surgery, and the treating provider's failure to identify meaningful, material, and/or substantive improvements in function (if any) effected as a result of ongoing Norco usage. Therefore, the request was not medically necessary.

Gym membership for 3 months: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg, (Acute & Chronic), Gym memberships (2015).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Aquatic therapy, Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee, Gym memberships.

Decision rationale: Conversely, the request for a gym membership for 3 months was medically necessary, medically appropriate, and indicated here. As noted on page 98 of the MTUS Chronic Pain Medical Treatment Guidelines, home exercise can include assistance without mechanical assistance and/or functional activities with assistive devices. Here, the treating provider suggested on September 16, 2015 that the applicant needed access to a pool to perform home exercises, citing issues with significant knee stiffness present on September 16, 2015. The applicant exhibited significantly limited knee range of motion from 0-60 degrees on that date. The treating provider suggested, thus, that previously performed land-based therapy and/or land-based home exercises had not proven altogether beneficial. Page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does recommend aquatic therapy as an optional form of exercise therapy in applicants in whom reduced weight bearing is desirable, as appeared to be the case in the form of the applicant's having residual knee pain complaints, stiffness, and swelling about the injured knee 3 months removed from the total knee arthroplasty. While ODG's Knee Chapter Gym Memberships topic notes that gym memberships are not recommended as a medical prescription unless a home exercise program has proven ineffectual and/or there is a need for specialized equipment, here, the attending provider successfully made the case that the applicant was in need for access to a gym with a pool to facilitate performance of home exercises, given the applicant's suboptimal response to conventional physical therapy postoperatively. Therefore, the request was medically necessary.