

<b>Case Number:</b>	CM15-0034100		
<b>Date Assigned:</b>	03/02/2015	<b>Date of Injury:</b>	02/04/2011
<b>Decision Date:</b>	04/14/2015	<b>UR Denial Date:</b>	01/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/24/2015

### 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

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 49 year old, male patient, who sustained an industrial injury on 02/04/2011. A primary treating office visit dated 08/29/2014 reported subjective complaint of continues with bilateral knee pain. At times, he experiences numbness into right lower extremity that radiates to toes. The pain is noted increased with walking and activities of daily living. He stated undergoing an orthopedic evaluation on 06/15/2014 with recommendation for surgical intervention. The patient uses Tramadol/APAP with a 20-30 % decrease in symptom. In addition, he uses a transcutaneous electric nerve stimulator daily. He reports not taking any over the counter medications or herbal remedy. His gastrointestinal symptom did resolve with the initiation of Omeprazole. Objective findings showed the patient with antalgic gait, decreased range of motion to bilateral knees and right lower extremity with decreased sensation. The primary diagnoses are knee sprain/strain; right knee meniscal degeneration; gastritis; and internal derangement of knee. Additional diagnoses include lumbosacral or thoracic neuritis or radiculitis and left knee ACL tear. A request was made for a follow up appointment and a gym membership with pool for 1 year. On, 01/27/2015, Utilization Review, non-certified the request, noting the CA MTUS/ACOEM, exercise, physical therapy and ODG Gym Membership were cited. The injured worker submitted an application for independent medical review of services requested.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Gym pass with swimming pool for one year: 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).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Low back chapter, Gym memberships.

**Decision rationale:** The 1/27/15 Utilization Review letter states the gym pass with swimming pool for one year requested on the 1/7/15 medical report was denied because MTUS does, "not support unsupervised exercise programs in specialized facilities or health clubs." According to the 1/30/15 PR-2 family practice report, the patient has been diagnosed with left and right knee internal derangement and lumbar radiculopathy. There was an orthopedic evaluation on 6/15/14 with recommendations for surgery. He attends [REDACTED] gym for core and water exercises, because he needs to lose 60 lbs before proceeding with an umbilical hernia surgery, under a separate workers compensation claim. The plan is to continue tramadol and gabapentin, and HEP and water exercises [REDACTED]. ODG Guidelines, Lumbar chapter, for Gym 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 MTUS did not discuss gym memberships as treatment, so ODG guidelines were consulted. ODG guidelines state, "Gym memberships, health clubs, swimming pools, athletic clubs, etc., would not generally be considered medical treatment, and are therefore not covered under these guidelines." There is no discussion of which medical professionals will administer and monitor the treatment. The request for Gym pass with swimming pool for one year is not medically necessary.

### **Four week follow-up appointment: 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).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 88-89.

**Decision rationale:** The 1/27/15 Utilization Review letter states the four-week follow-up appointment requested on the 1/7/15 medical report was modified to allow quarterly follow-up. The UR letter did not provide a reference or evidence-based rationale for modification. According to the 1/30/15 PR-2 family practice report, the patient has been diagnosed with left and right knee internal derangement and lumbar radiculopathy. The physician is the PTP and the PR2 requires a report, "45 days after last report". Follow-up visits are required per State Labor Codes and Regulations rather than the utilization reviewer's personal opinion. Furthermore, the PTP has provided opioid analgesics that require monitoring. MTUS Chronic Pain Medical

Treatment Guidelines on Long-term Opioid use, pages 88-89 for Visit Frequency state: There is no set visit frequency. This should be adjusted to the patient's need for evaluation of adverse effects, pain status, and appropriate use of medication, with recommended duration between visits from 1 to 6 months. The request for the 4-week follow-up is in direct accordance with State Rules and Regulations, and the MTUS guidelines for monitoring opioid use. The request for the four-week follow-up appointment is medically necessary.