

Case Number:	CM15-0042839		
Date Assigned:	03/13/2015	Date of Injury:	05/14/2012
Decision Date:	04/16/2015	UR Denial Date:	02/26/2015
Priority:	Standard	Application Received:	03/06/2015

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 York, Pennsylvania, Washington
 Certification(s)/Specialty: Internal Medicine, Geriatric 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 injured worker is a 63 year old female, who sustained an industrial injury on 5/14/12. She has reported knee injury after tripping and falling in a stairwell. The diagnoses have included displacement of lumbar intervertebral disc, thoracic/lumbar neuritis/radiculitis and right knee degenerative disc disease (DDD). Treatment to date has included medications, activity modifications, rest, physical therapy, injections, surgery and diagnostics. Surgery included lumbar fusion 5/2014. Currently, as per the physician progress note dated 2/2/15, the injured worker complains of chronic right knee and back pain and depression. The current medications included Norco, Lyrica, Ambien and Tizanidine. She rates the back pain 4/10 on pain scale and described as aching. The right knee pain was rated 8/10 and described as aching. She is most bothered by the left lateral thigh pain described as stabbing and rated 9/10 on pain scale. The pain worsens with walking or lying on the left side. It is improved with sitting and medications. She previously received steroid injection to the greater trochanter bursa which helped tremendously; she would like a repeat injection. The lumbar exam revealed decreased lumbar flexion and extension trigger point's lumbar spine and left lateral hip, and right knee decreased range of motion. Per progress note dated 1/26/15, the injured worker complains of difficulty walking with bursitis left hip and knee clicking and catching. She complains of severe pain in the knee with constant dull aching pain and feeling of instability. Physical exam revealed tenderness to palpation of the right patella with swelling noted. The range of motion was decreased and gait was slow. Plan was that she has had physical therapy and steroid injections without success.

Recommendation was right Total Knee Replacement (TKR) with aggressive post operative rehabilitation program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gym Membership (years), QTY: 1: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 46-47.

Decision rationale: Per the guidelines, there is strong evidence that exercise programs, including aerobic conditioning and strengthening, is superior to treatment programs that do not include exercise. There is no sufficient evidence to support the recommendation of any particular exercise regimen over any other exercise regimen. A therapeutic exercise program should be initiated at the start of any treatment or rehabilitation program, unless exercise is contraindicated. Such programs should emphasize education, independence, and the importance of an on-going exercise regime. This injured worker has received medications, activity modifications, rest, physical therapy, injections, surgery and diagnostics. A self-directed home exercise program should already be in place. The records do not provide a rationale of why a gym membership is necessary over a program that can be completed at home. The records do not support the medical necessity for a gym membership.