MAXIMUS Federal Services

Case Number:	CM15-0045003		
Date Assigned:	03/17/2015	Date of Injury:	04/11/2013
Decision Date:	04/23/2015	UR Denial Date:	02/26/2015
Priority:	Standard	Application Received:	03/10/2015

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: California
Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 54-year-old male, who sustained a work/ industrial injury on 4/11/13. He has reported initial symptoms of right knee and left hip pain. The injured worker was diagnosed as having left hip moderate to severe osteoarthritis and right knee sprain. Treatments to date included medication, chiropractic care, unloader type knee brace, steroid injections, and acupuncture. X-rays demonstrated loss of cartilage to the patellofemoral articulation with small peripheral osteophytes. Magnetic Resonance Imaging (MRI) demonstrated right knee osteoarthritis. Currently, the injured worker complains of right knee pain rated 3/10. The unloader type brace reduces pain to 1/10. The treating physician's report (PR-2) from 2/10/15 indicated the injured worker was the ideal body weight. Alignment was neutral to slight valgus. There is effusion to the right knee without erythema or warmth. There is full active extension and flexion to more than 120 degrees. Diagnosis was osteoarthritis. Medications included Aleve, Tylenol, and Diclofenac. Treatment plan included Gym membership with pool access x 6 months and Cortisone injection under US guidance, right knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gym membership with pool access x 6 months: 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), Knee and Leg.

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

Decision rationale: Regarding request for gym membership, Chronic Pain Medical Treatment Guidelines state that exercise is recommended, but do not have provisions for or against a gym membership. However, the CPMTG does state that there is no evidence to recommend any specific exercise program over any other. The ODG state the gym memberships are 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. 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 a risk of further injury to the patient. Therefore, the currently requested gym membership is not medically necessary.

Cortisone injection under US guidance, right knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Corticosteroid Injections.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Knee Chapter, Ultrasound (diagnostic) Entry.

Decision rationale: With regard to the use of ultrasound guidance to direct needle place of knee intra-articular injection, the CA MTUS does not directly address this issue. Instead, the ODG Knee Chapter specifies the following: "Ultrasound guidance for knee joint injections: In the knee, conventional anatomical guidance by an experienced clinician is generally adequate. Ultrasound guidance for knee joint injections is not generally necessary, but it may be considered in the following cases: (1) the failure of the initial attempt at the knee joint injection where the provider is unable to aspirate any fluid; (2) the size of the patient's knee, due to morbid obesity or disease process that inhibits the ability to inject the knee without ultrasound guidance; & (3) draining a popliteal (Baker's) cyst." In the case of this injured worker, none of the above conditions have been documented, including a lack of documentation of extenuating anatomy factors which would necessitate ultrasound guidance. The handwritten note from 2/16/15 in which this request was made does not indicate extreme obesity although parts of the note are difficult to decipher due to the handwriting. Therefore, this request is not medically necessary.