

Case Number:	CM15-0045128		
Date Assigned:	03/16/2015	Date of Injury:	08/14/2002
Decision Date:	04/23/2015	UR Denial Date:	02/13/2015
Priority:	Standard	Application Received:	03/09/2015

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: Massachusetts

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 (IW) is a 49-year-old female who sustained an industrial injury on 08/14/2002. No mechanism of injury or report of initial complaint was given. The injured worker was diagnosed as having cellulitis and abscess of foot except toes, cellulitis and abscess of leg except foot, gangrene, old bucket handle tear of medial meniscus, other noninfectious lymphedema, sprain and strain of unspecified site of knee and leg, tear lateral cartilage or meniscus of knee current, ulcer of lower limb, ulcer of calf, ulcer of lower limb, unspecified, and lumbago. Treatment to date has included aquatic therapy, and oral medications for pain. Currently, the injured worker complains of joint pain, muscle spasm, sore muscles, depression, swelling of both legs, and warmth in the left lower extremity. The plan of care was for an infectious disease specialist consultation, a home health assistant, braces for the lower extremities, and continuation of Oxycontin, continuation of aquatic therapy, and a gym membership. Request for authorization was made for Gym membership, Continue Aquatic therapy 2 times a week for 4 weeks, and Oxycontin 40mg, #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gym 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: Section: Knee & Leg (Acute & Chronic) updated 1/30/2015.

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-Lumbar & Thoracic (Acute & Chronic), Gym memberships.

Decision rationale: The claimant is more than 10 years status post work-related injury and continues to be treated for the sequela of a right lower extremity contusion. The claimant has recurrent lower extremity infections and was hospitalized in December 2014 and January 2015 for treatment of cellulitis. The claimant is morbidly obese with a BMI of over 40. A gym membership is 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. If a membership is indicated, continued use can be considered if can be documented that the patient is using the facility at least 3 times per week and following a prescribed exercise program. In this case, the claimant is not following a prescribed exercise program and been unable to participate in aquatic therapy which might represent a need for a specialized facility. Therefore, the requested gym membership is not medically necessary.

Continue Aquatic therapy 2 times a week for 4 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines Section: Knee & Leg (Acute & Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Chronic pain, Physical medicine treatment. (2) Preface, Physical Therapy Guidelines.

Decision rationale: The claimant is more than 10 years status post work-related injury and continues to be treated for the sequela of a right lower extremity contusion. The claimant has recurrent lower extremity infections and was hospitalized in December 2014 and January 2015 for treatment of cellulitis. The claimant is morbidly obese with a BMI of over 40. In terms of physical therapy treatment for chronic pain, guidelines recommend a six visit clinical trial with a formal reassessment prior to continuing therapy. In this case, the claimant has recently had physical therapy without apparent benefit. Providing additional skilled physical therapy services would not reflect a fading of treatment frequency and would promote dependence on therapy provided treatments. The number of additional treatments being requested is also in excess of the guidelines recommendation. The additional aquatic therapy was not medically necessary.