

Case Number:	CM15-0051517		
Date Assigned:	03/25/2015	Date of Injury:	04/30/1999
Decision Date:	05/01/2015	UR Denial Date:	02/18/2015
Priority:	Standard	Application Received:	03/18/2015

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: Emergency 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 53 year old male, who sustained an industrial injury on April 30, 1999. The diagnoses have included right shoulder impingement, right medial and lateral epicondylitis, right knee inter derangement, lumbar discopathy with spondylolisthesis and lumbar radiculopathy. Treatment to date has included medications, physical therapy, topical analgesics and chiropractic care. Current documentation dated January 23, 2015 notes that the injured worker complained of ongoing low back pain, which was aggravated by twisting and bending. The low back pain radiated down both legs. Associated symptoms included numbness and tingling. He also reported right elbow pain with numbness and tingling distally, right shoulder pain, muscle spasms of the legs and right knee pain. Examination of the of the right shoulder revealed pain and a positive Neer's, Hawkin's and O'Brien's tests. Examination of the lumbar spine revealed tenderness, stiffness and a decreased range of motion. A straight leg raise test was positive. Examination of the right elbow revealed tenderness over the medial and lateral epicondyle and a positive Mill's sign and Tinel's sign. Examination of the right knee revealed tenderness to palpation, an effusion and a positive McMurray's sign. The treating physician's plan of care included a request for a one year gym membership, unknown home support services twenty hours a week and urine toxicology testing (GC/MS and Elisa technology).

IMR ISSUES, DECISIONS AND RATIONALES

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

Gym membership for 1 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), Knee & Leg (Acute & Chronic), Gym Memberships.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG: Low Back: Gym Membership.

Decision rationale: MTUS Chronic pain and ACOEM Guidelines do have any sections that relate to this topic. As per Official Disability Guidelines, Gym memberships are not recommended. They are not supervised, is not being assessed by medical professionals and therefore are not considered medical treatment with no appropriate documentation or information returning to provider. While continued exercise is recommended, Gym membership is not medically necessary.

Unknown home support services, 20 hours a week: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home health services. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic), Home health services.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home Health Services Page(s): 51.

Decision rationale: As per MTUS chronic pain guidelines, home health aid/services may be recommended for medical treatment in patients who are bed or home bound. MTUS guidelines do not recommend any services beyond 35hours per week. While the patient has significant issue with pain, there is no documentation of patient being home bound or in need of specific medical treatments that cannot be done in an outpatient basis. Home support services is not medically necessary.

1 urine toxicology testing (GC/MS, LC/MS and Elisa technology): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing; Urinalysis (opiate screening). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic), Urine Drug Testing (UDT).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78. Decision based on Non-MTUS Citation ODG: Pain(Chronic): Urine Drug Testing.

Decision rationale: While the MTUS Chronic pain guidelines and ACOEM guidelines have general recommendations concerning urine drug testing, both guidelines do not adequately deal with quantitative testing. As per Official Disability Guidelines (ODG), routine quantitative drug screening is not recommended due to variability in volume, concentration, metabolism etc. that

makes the results none diagnostic. Patient is chronically on opioids but there is no documentation of drug abuse concerns or change in patient's pain or medication use. There is no documentation by provider as to why urine drug screening was requested and why specifically why a quantitative level was needed. Quantitative Urine Drug screen is not medically necessary.