

Case Number:	CM15-0057693		
Date Assigned:	04/02/2015	Date of Injury:	05/22/2001
Decision Date:	05/08/2015	UR Denial Date:	03/17/2015
Priority:	Standard	Application Received:	03/26/2015

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, Hawaii
 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 56 year old male with an industrial injury dated 05/22/2001. His diagnosis includes primary localized osteoarthritis, lower leg. Other diagnosis includes major depression without psychotic features, panic disorder and chronic pain syndrome associated with both psychological factors and a general medical condition. He has a medical history of type II diabetes, coronary artery disease and hypertension. Prior treatments include medications, epidural steroid injection, psychiatric visits, left knee surgery and physical therapy. In the progress note dated 03/11/2015 the injured worker presents for follow up of left knee. He complains of pain in left knee with swelling at night. Objective findings noted mild swelling of the knee with range of motion 0-100. The provider also notes the injured worker is complaining of stomach hurting a lot. Plan of treatment includes laboratory testing for helicobacter pylori of the stomach and a comprehensive metabolic panel.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Lab: Helicobacter, Pylori, IgM, Complete metabolic panel (14): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Scottish intercollegiate guidelines network

(SIGN). Dyspepsia. A national clinical guideline. Edinburgh (Scotland): 2003; Mar. 27 p. (SIGN publication; no. 68) (114 references) Weissman BN, Shah N, Daffner RH, Bancroft L, Bennett DL, Blebea JS, Bruno MA, Fries IB, Hayes CW, Kransdorf MJ, Luchs JS, Morrison WB, Palestro CJ, Roberts CC, Stroller DW, Taljanovic MS, Tuite MJ, Ward RJ, Wise JN, Zoga AC, Expert Panel on Musculoskeletal Imaging. ACR Appropriateness criteria imaging after total knee arthroplasty. Reston (VA): American College of Radiology (ACR); 2011. 13 p. (95 references).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAID
Page(s): 70.

Decision rationale: The patient presents with left knee pain. The current request is for 1 Lab: Helicobacter, Pylori, IgM, Complete metabolic panel (14). The files submitted for review did not include any progress reports. The following information is from the UR Denial letter. The treating physician noted, the patient's left knee was hurting a lot, there was swelling at night, and physical therapy was not approved so he was trying to do exercises. He also complained of stomach pain. The patient was post knee replacement and was to continue to strengthen and exercise the knee. (B5) According to the report, the patient is using Norco, which would justify a comprehensive metabolic panel to monitor any hepatic or other organ damage. The MTUS guidelines state, Routine Suggested Monitoring: Package inserts for NSAIDs recommend periodic lab monitoring of a CBC and chemistry profile (including liver and renal function tests). In this case, it is not clear as to when or if the patient had previous labs drawn. Without that information the current request is not supported by the guidelines. The current request is not medically necessary and the recommendation is for denial.

1 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 (ODG), Low back - Lumbar & Thoracic (Acute & Chronic).

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

Decision rationale: The patient presents with left knee pain. The current request is for 1 gym membership. The files submitted for review did not include any progress reports. The following information is from the UR Denial letter. The treating physician noted, the patient's left knee was hurting a lot, there was swelling at night, and physical therapy was not approved so he was trying to do exercises. He also complained of stomach pain. The patient was post knee replacement and was to continue to strengthen and exercise the knee. (B5) The MTUS guidelines do not address gym memberships. The ODG guidelines knee chapter states: Not recommended as a medical prescription unless a home exercise program has not been effective and there is a need for equipment. Plus, treatment needs to be monitored and administered by medical professionals. In this case, there is no documentation provided indicating that the home exercise program has been ineffective. The documentation also does not clarify if the gym membership is monitored and administered by medical professionals. The current request is not medically necessary and the recommendation is for denial.

1 exercise bike purchase: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Exercise.

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

Decision rationale: The patient presents with left knee pain. The current request is for 1 exercise bike purchase. The files submitted for review did not include any progress reports. The following information is from the UR Denial letter. The treating physician noted, the patient's left knee was hurting a lot, there was swelling at night, and physical therapy was not approved so he was trying to do exercises. He also complained of stomach pain. The patient was post knee replacement and was to continue to strengthen and exercise the knee. (B5) MTUS pages 46-47 state that exercise is recommended and that: There is strong evidence that exercise programs, including aerobic conditioning and strengthening, are 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. ODG further states under durable medical equipment that it must be primarily and customarily used to serve a medical purpose and generally not useful to a person in the absence of illness. In this case, one type of exercise is not superior to another. An exercise bicycle is also not medical equipment. The current request is not medically necessary and the recommendation is for denial.