MAXIMUS Federal Services

Case Number:	CM15-0089252		
Date Assigned:	05/13/2015	Date of Injury:	08/30/2012
Decision Date:	06/22/2015	UR Denial Date:	04/24/2015
Priority:	Standard	Application Received:	05/08/2015

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: Texas, Florida, California
Certification(s)/Specialty: Preventive Medicine, Occupational 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 59-year-old female, who sustained an industrial injury on 08/30/2012. She has reported injury to the right knee, left knee, and low back. The diagnoses have included lumbago; lumbosacral spondylosis without myelopathy; and left knee arthroscopy, partial medial meniscectomy with debridement of the medial femoral compartment, medial tibial plateau, and patellofemoral compartment, performed on 02/04/2015. Treatment to date has included medications, diagnostics, bracing, physical therapy, and surgical intervention. Medications have included Norco. A progress note from the treating physician, dated 04/16/2015, documented a follow-up visit with the injured worker. Currently, the injured worker is 10 weeks post-operative after having left knee surgery. Objective findings included substantive improvement in terms of her flexion with diminished swelling and heat and range of motion with post-operative physical therapy. The treatment plan has included the request is for continued physical therapy 2 times a week for 5 weeks, left knee; gym membership 1 year; and stationary bike, left knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continue Physical Therapy 2 Times A Week for 5 Weeks Left Knee: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 9792.26 MTUS (Effective July 18, 2009) Page(s): 98 of 127.

Decision rationale: The MTUS does permit physical therapy in chronic situations, noting that one should allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. The conditions mentioned are Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks; Neuralgia, neuritis, and radiculitis, unspecified (ICD9 729.2) 8-10 visits over 4 weeks; and Reflex sympathetic dystrophy (CRPS) (ICD9 337.2): 24 visits over 16 weeks. This claimant does not have these conditions. In addition, after several documented sessions of therapy, it is not clear why the patient would not be independent with self-care at this point. In addition, there are especially strong caveats in the MTUS/ACOEM guidelines against over treatment in the chronic situation supporting the clinical notion that the move to independence and an active, independent home program is clinically in the best interest of the patient. They cited: "Although mistreating or under treating pain is of concern, an even greater risk for the physician is over treating the chronic pain patient." Over treatment often results in irreparable harm to the patient's socioeconomic status, home life, personal relationships, and quality of life in general. "A patient's complaints of pain should be acknowledged. Patient and clinician should remain focused on the ultimate goal of rehabilitation leading to optimal functional recovery, decreased healthcare utilization, and maximal self actualization." This request for more skilled, monitored therapy was appropriately not medically necessary.

Gym Membership 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).

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 and other chapters, regarding Gym programs.

Decision rationale: The current California web-based MTUS collection was reviewed in addressing this request. The guidelines are silent in regards to this request. Therefore, in accordance with state regulation, other evidence-based or mainstream peer-reviewed guidelines will be examined. The ODG notes regarding Gym Programs: 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. In addition, treatment needs to be monitored and administered by medical professionals. While an individual exercise program is of course recommended, more elaborate personal care where outcomes are not monitored by a health professional, such as gym memberships or advanced home exercise equipment may not be covered under this guideline, although temporary transitional exercise programs may be appropriate for patients who need more supervision. 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 risk of further injury to the patient. Gym memberships, health clubs, swimming pools, athletic clubs, etc., would not generally be considered medical treatment, and are therefore not covered under these guidelines. For more information on recommended treatments, see Physical therapy (PT) & Exercise. Therefore, I am not able to endorse this gym program as a reasonable and necessary medically prescribable treatment. This is not medically necessary.

Stationary Bike - Left Knee: 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).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Knee section, exercise programs.

Decision rationale: The ACOEM guides, Chapters 12, 13 and 8 for the back, knee and neck were reviewed. The guides are silent in regards to this care request in this patient's clinical circumstances. Therefore, in accordance with applicable California statutes, other evidence-based sources will be examined. The ODG provides a lengthy description of exercise programs, with no mention of elaborate home equipment. They cited: Recommended. There is strong evidence that exercise reduces disability duration in employees with low back pain. In acute back pain, exercise therapy may be effective, whereas in sub acute back pain, exercises with a graded activity program, and in chronic back pain, intensive exercising, should be recommended. Exercise programs aimed at improving general endurance (aerobic fitness) and muscular strength (especially of the back and abdomen) have been shown to benefit patients with acute low back problems. So far, it appears that the key to success in the treatment of LBP is physical activity in any form, rather than through any specific activity. One of the problems with exercise, however, is that it is seldom defined in various research studies and its efficacy is seldom reported in any change in status, other than subjective complaints. If exercise is prescribed a therapeutic tool, some documentation of progress should be expected. While a home exercise program is of course recommended, more elaborate personal care where outcomes are not monitored by a health professional, such as gym memberships or advanced home exercise equipment may not be covered under this guideline, although temporary transitional exercise programs may be appropriate for patients who need more supervision. Out of this lengthy treatise on the exercise program that ODG provides, it is noted that a home exercise program can be accomplished without specialized equipment. Although these items would be nice to have, they would therefore not be essential to care of the injury. Therefore, I would not be able to endorse a certification based on this submission. This request is not medically necessary.