

<b>Case Number:</b>	CM13-0069198		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	08/09/1995
<b>Decision Date:</b>	04/07/2015	<b>UR Denial Date:</b>	12/11/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/20/2013

### 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, New York, 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 applicant is a represented [REDACTED] beneficiary who has filed a claim for chronic knee and low back pain reportedly associated with an industrial injury of August 9, 1995. In a Utilization Review Report dated December 11, 2013, the claims administrator failed to approve request for viscosupplementation injection therapy and a one-year gym and pool membership. Celebrex, urine drug testing, Tylenol No. 3, and glucosamine were apparently approved. The claims administrator stated that there was no evidence that the applicant had severe arthritis, nor was there evidence that the applicant had failed conservative treatment. The applicant's attorney subsequently appealed. On October 25, 2013, the applicant reported ongoing complaints of knee and low back pain. The applicant was described as having severe bilateral knee osteoarthritis. Tenderness, crepitation, and limited range of motion about the injured knees were evident. The applicant received extracorporeal shock wave therapy. The applicant was using Tylenol No. 3, Cartivisc, and Celebrex, it was incidentally noted. Viscosupplementation injection therapy was sought, along with a gym and pool membership. The applicant's gait was not described. Multiple other medications were renewed, including topical compounds and Celebrex. The applicant's permanent work restrictions were also renewed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Bilateral knee Synvisc, One injection: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Knee Chapter, Hyaluronic acid injections.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

**Decision rationale:** Yes, the request for bilateral knee Synvisc (viscosupplementation) injection therapy was medically necessary, medically appropriate, and indicated here. The MTUS does not address the topic. However, the Third Edition ACOEM Guidelines indicate that knee viscosupplementation injection therapy is indicated in the treatment of moderate-to-severe knee osteoarthritis, as was reportedly present here on or around the date in question. The applicant had a lengthy, 20-plus-year history of knee pain which had reportedly proven recalcitrant to time, medications, physical therapy, topical compounds, etc. The request in question was framed as a first-time request for viscosupplementation injection therapy. Osteoarthritis was/is likely, given the applicant's age on or around the date of the request (69) and associated symptoms of pain, crepitation, and loss of motion. Therefore, the request was medically necessary.

**One year gym and pool 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, Gym memberships.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 83, Chronic Pain Treatment Guidelines Aquatic therapy Physical Medicine Page(s): 22; 98.

**Decision rationale:** Conversely, the request for a one-year gym and pool membership was not medically necessary, medically appropriate, or indicated here. As noted on page 98 of the MTUS Chronic Pain Medical Treatment Guidelines, applicants are expected to continue active therapies at home as an extension of the treatment process. Similarly, the MTUS Guideline in ACOEM Chapter 5, page 83 also notes that, to achieve functional recovery, that applicants must assume certain responsibilities, one of which includes adhering to and/or maintaining exercise regimens. The gym membership at issue, thus, per both ACOEM and the MTUS Chronic Pain Medical Treatment Guidelines, represents an article of applicant responsibility as opposed to an article of payer responsibility. While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that aquatic therapy is recommended as an optional form of exercise therapy in whom reduced weight bearing is desirable, in this case, however, it was not clearly established how reduced weight bearing was, in fact, desirable. The applicant's gait was not described on the office on which the one-year gym and pool membership was proposed. The attending provider did not, in short, establish a clear, compelling, and/or cogent case for the gym membership at issue in the face of the tepid-to-unfavorable MTUS positions on the same in the clinical context present here. Therefore, the request was not medically necessary.

