

Case Number:	CM14-0211248		
Date Assigned:	12/24/2014	Date of Injury:	06/05/2012
Decision Date:	02/19/2015	UR Denial Date:	11/19/2014
Priority:	Standard	Application Received:	12/17/2014

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: Physical Medicine & Rehabn

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

Report by [REDACTED] the patient presents with bilateral shoulder pain and neck pain extending into the trapezius muscles. The patient is not working. The 10/01/14 report [REDACTED] states the patient presents with bilateral knee pain right greater than left. No examination is provided in the 10/01/14 report. The 09/29/14 examination reveals tenderness to palpation of the bilateral trapezius. The patient's diagnoses per the 09/29/14 and 10/01/14 reports include: 1. Cervical spine discogenic pain with radiculopathy (09/29/14 report). 2. Bilateral shoulder tendonitis and bursitis per MRI (09/29/14 report). 3. History of work stress and associated with chronic high blood pressure and cardiac problems. 4. Persistent abnormalities in right shoulder per MRI 07/16/14. 5. Chronic sprain/strain thoracolumbosacral spine. 6. Psychiatric diagnosis per [REDACTED]. 7. Chronic right knee pain, consider internal derangement. The patient received a 06/11/14 cervical ESI with more than 50% relief. A medication regimen is prescribed by [REDACTED] (a list of medications is not provided), and ongoing supportive psychiatric treatment is requested. The utilization review is dated 11/19/14. Reports were provided for review from 05/21/14 to 11/12/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trial of H-Wave for the right knee for 30 days: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 171-172.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H-Wave devices Page(s): 117.

Decision rationale: The patient presents with bilateral knee pain right greater than left with a diagnosis of chronic right knee pain and bilateral shoulder and neck pain. The current request is for Trial of H-Wave for the right knee for 30 days per RFA dated 11/05/14 and the report of 10/01/14. MTUS guidelines regarding H-Wave devices page 117 state a 30 trial may be recommended "and only following failure of initially recommended conservative care, including recommended physical therapy (i.e., exercise) and medications, plus transcutaneous electrical nerve stimulation (TENS)." The 10/01/14 report by [REDACTED] states, "Pending receipt of test, I am recommending that the patient have a trial of H-wave so that he can get timely home therapy." The treater further states that timely home therapy is for flare-up of pain. The reports provided have limited information about treatment of the knee. In this case, there is no documentation that the patient has trialed TENS prior to this request as required by MTUS. Therefore, the request is not medically necessary.

Gym membership for the right knee: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg Chapter, Gym memberships.

Decision rationale: The patient presents with bilateral knee pain right greater than left with a diagnosis of chronic right knee pain and bilateral shoulder and neck pain. The current request is for Gym membership for the right knee per RFA dated 11/05/14 and report of 10/01/14. ODG, Knee & Leg Chapter, Gym memberships, 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." The 10/01/14 report by [REDACTED] states, "The patient requires ongoing physical maintenance and physical therapy program. This can best be done through a gym membership. A gym membership will allow the patient to perform the maintenance exercise program as often and in a timely fashion when it is needed without delays..." In this case, there is no documentation of the effectiveness of a home exercise program or that exercise cannot be performed without specialized equipment. Furthermore, the ODG guidelines do not support gym memberships and there is no documentation that the patient would be monitored. Also, the request is for an indeterminate period. The request is not medically necessary.

