MAXIMUS Federal Services

Case Number:	CM14-0212055		
Date Assigned:	01/02/2015	Date of Injury:	04/10/1997
Decision Date:	02/27/2015	UR Denial Date:	12/02/2014
Priority:	Standard	Application Received:	12/18/2014

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:

The patient is a 69 year old male with an injury date of 04/10/97. Based on the 09/16/14 progress report, the patient complains of bilateral hand pain. He has stiffness, soreness, and achy pain. The 10/07/14 report indicates that the patient has right knee pain and has reoccurring fusions and a giving away sensation. His right knee has tenderness along the medial joint line and he has a questionably positive medial McMurray. The 11/11/14 report does not provide any objective or subjective findings. The 10/07/14 x-ray shows tricompartment osteoarthritis, predominantly medial more so than lateral. The patient's diagnoses include the following:1. Osteoarthritis of both knees The utilization review determination being challenged is dated 12/02/14. Treatment reports are provided from 08/05/14- 12/09/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture once a week for twelve weeks for the lumbar spine: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The patient presents with bilateral hand pain and right knee pain. The request is for ACUPUNCTURE ONCE A WEEK FOR TWELVE WEEKS FOR THE LUMBAR SPINE. The 10/07/14 report states that the patient is "currently getting acupuncture." The 11/11/14 report indicates that the patient is "noticing less pain with acupuncture." For acupuncture, the MTUS Guidelines page 8 recommends acupuncture for pain, suffering, and for restoration of function. Recommended frequency and duration is 3 to 6 treatments for trial, and with functional improvement, 1 to 2 per month. For additional treatment, MTUS Guidelines require functional improvement as defined by Labor Code 9792.20(e), a significant improvement in ADLs, or change in work status and reduced dependence on medical treatments.There are no complaints or positive exam findings regarding the lumbar spine discussed. The patient complains of bilateral hand pain and right knee pain. There is no documentation of any specific functional improvement from prior aquatic therapy. There is only a general statement provided indicating that aquatic therapy created "less pain." Given the absence of documentation of functional improvement as defined and required by MTUS guidelines, additional sessions of acupuncture cannot be reasonably warranted as a medical necessity. The requested additional acupuncture for the lumbar spine IS NOT medically necessary.

Gym membership: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 hand pain and right knee pain. The request is for a GYM MEMBERSHIP so he can "continue home exercise program."MTUS Guidelines do not address gym memberships. 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." Review of the reports provided does not indicate why the patient is not able to do home exercises. Furthermore, ODG guidelines do not support gym memberships and there isn't any discussion regarding the need for special equipment and how the patient is to be medically supervised. In this case, the treater fails to provide necessary documentation as guidelines recommend. Therefore, the requested gym membership IS NOT medically necessary.