

<b>Case Number:</b>	CM14-0212078		
<b>Date Assigned:</b>	01/02/2015	<b>Date of Injury:</b>	03/13/2014
<b>Decision Date:</b>	02/27/2015	<b>UR Denial Date:</b>	11/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	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: Internal 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 patient is an injured worker with a history of right knee injury. Date of injury was March 13, 2014. The operative note dated 09/08/2014 documented the performance of arthroscopic partial lateral meniscectomy, chondroplasty, removal of multiple loose bodies, right knee, with chondroplasty, trochlea, medial femoral condyle separate compartments and partial synovectomy. Diagnoses were lateral meniscus tear, multiple loose bodies cartilaginous, patellofemoral arthrosis, and degeneration medial femoral condyle. MRI magnetic resonance imaging of the right knee was ordered and performed on 4/22/14 showing complex tear of the body and posterior horn of the medial and lateral meniscus, may represent prior partial meniscectomy with residual or chronic tears, advanced patellofemoral chondromalacia with full thickness chondral loss in the lateral patellar facet and lateral trochlea with subchondral changes and also full thickness chondral loss in the medial patellar facet, high riding patella is present, edema in the superior lateral aspect of Hoffa's fat pad, mild tendinosis of extensor mechanism, mild lateral and medial compartment arthrosis, no ligament tear. The progress report dated 7/28/2014 documented that the patient sustained a work related injury to her right knee on 3/13/14. The injury occurred when her vehicle broke down and she was climbing up into the tow truck which was sent to pick up her and the bus. She hit her knee cap laterally and felt her patella shift. She did not twist her knee. She did not hear a pop. She did not have immediate pain and swelling. A knee brace was given. She is now using a cane. Physical therapy was ordered. She has attended approximately two sessions. Acupuncture was not ordered. A cortisone injection was not administered. At her visit on 6/3/14, she received an ultra sound guided cortisone

injection which provided improvement. During this time, she was also completing home exercises and using Ibuprofen as needed. The patient seen in our office on 7/23/2014 for her right knee pain. She reported continued pain and swelling. She reports that physical therapy has made her knee pain worse as it locked while completing the exercises. There is trace effusion and McMurray's is positive. She is currently working modified duty. She had a prior work related injury to the right knee in 1997 and subsequent arthroscopic surgery in 1998. She had Synvisc injections in 1999 or 2000 but did not have any real problems following rehabilitation from her 1997 injury. Patient comes in complaining of constant pain with sitting, standing, or walking. She only did slightly well from the injection. As per her April MRI she has evidence of a complex tear of her meniscus with meniscal symptoms. She states that back in 1999 she underwent an arthroscopy of her knee and was in the hospital for a week. At that time, she was advised to have her other knee scoped and spent another week in the hospital. She underwent a similar experience having her shoulder scoped and because of this has been hesitant to have her knee scoped again. It was explained to her that if she decided to have her right knee scoped it would be a same day surgery and she would go home that day. She continues to complain of pain. The progress report dated November 4, 2014 documented that the patient was evaluated for right knee conditions. She was not doing well post-operatively. She had constant pain, swelling and difficulty with prolonged walking. She has attended physical therapy visits. Physical examination demonstrated right knee effusion. Ligaments were intact. No calf tenderness was noted. Moderate calf atrophy were noted. Treatment recommendations included medications, home exercise, physical therapy, and a gym program.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Gym program for the right knee for 3 months:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Knee & Leg, Gym Membership

**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 (Acute & Chronic), Gym memberships. Official Disability Guidelines (ODG), Low Back - Lumbar & Thoracic (Acute & Chronic), Gym memberships

**Decision rationale:** Medical Treatment Utilization Schedule (MTUS) does not address gym membership. Official Disability Guidelines (ODG) indicates that gym memberships, health clubs, swimming pools, athletic clubs, etc., would not generally be considered medical treatment, and are therefore not covered under these guidelines. The progress report dated November 4, 2014 documented that the patient was attending physical therapy. Official Disability Guidelines (ODG) indicates that gym memberships are not considered medical treatment, and do not support the medical necessity of gym memberships. Therefore, the request for Gym program for the right knee for 3 months is not medically necessary.

**Celebrex 200mg #30 with 1 refill:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications Page(s): 22.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 338.

**Decision rationale:** Medical Treatment Utilization Schedule (MTUS) addresses NSAIDs. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) states that NSAIDs are recommended for knee conditions. The operative note dated September 8, 2014 documented arthroscopic lateral meniscectomy of the right knee. Medical records document objective findings on physical examination and imaging studies. ACOEM guidelines support the use of the NSAID Celebrex for knee conditions. Therefore, the request for Celebrex 200mg #30 with 1 refill is medically necessary.