

Case Number:	CM14-0214504		
Date Assigned:	01/07/2015	Date of Injury:	07/16/2001
Decision Date:	02/23/2015	UR Denial Date:	12/12/2014
Priority:	Standard	Application Received:	12/22/2014

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, Indiana, New York
 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 injured worker (IW) is a 67-year-old man with a date of injury of July 16, 2001. The mechanism of injury was not documented in the medical record. The injured worker's working diagnoses are right shoulder impingement, status post decompression and distal clavicle excision; right lateral epicondylitis, status post arthroscopy, excision of spur, lateral epicondylitis release with persistent symptomology; cervical pain with referred pain in the upper extremities, status post several epidural injections; low back pain with referred pain in the lower extremities; right knee pain due to internal derangement, status post arthroscopy and continued symptomology; bilateral carpal tunnel syndrome, treated conservatively; and internal derangement of the left knee. Pursuant to the progress note dated October 28, 2014, the IW complains of daily low back pain, and bilateral knee pain that increased with sitting, standing and walking. He rates his pain 7/10 on the pain scale. He also reports that pain affects his activities of daily living. The treating physician's positive objective physical findings included decreased range of motion of the neck, right upper extremity, and bilateral knees. Treatment has consisted of pain medications, a home exercise program, knee and elbow brace, chiropractic care, TENS unit and pool therapy. All treatments have been beneficial. The IW has been permanently disabled since 2005. The treating physician reports prior denials for the unloading brace for the right knee. The IW has been exercising at the [REDACTED] for a number of years with benefit. The treating physician reports the IW uses knee braces on a daily basis. The current request is for (1) Defiance brace molded plastic lower knee/upper knee addition, and (1) [REDACTED] gym member ship.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Defiance brace molded plastic lower knee/upper knee addition: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 340.

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

Decision rationale: Pursuant to the Official Disability Guidelines, defiance brace molded plastic lower knee and upper knee addition is not medically necessary. Knee braces come in two types. Prefabricated knee braces and custom fabricated knee braces. The guidelines enumerate the indications for each type of knee brace. There are no high quality studies that support or refute the benefits of knee braces for patellar instability, ACL tear or MCL instability, but in some patients and knee brace can increase confidence, which may indirectly help with the healing process area in all cases, braces need to be used in conjunction with a rehabilitation program and are necessary only if the patient is going to be stressing the need under load. See the guidelines for the specific criteria for use of knee braces. In this case, the injured worker's working diagnoses are right shoulder impingement, status post decompression and distal clavicle excision; right lateral epicondylitis, status post arthroscopy, excision of spur, lateral epicondylitis release with persistent symptomology; cervical pain with referred pain in the upper extremities, status post several epidural injections; low back pain with referred pain in the lower extremities; right knee pain due to internal derangement, status post arthroscopy and continued symptomology; bilateral carpal tunnel syndrome, treated conservatively; and internal derangement of the left knee. The medical record did not contain of patellar instability, ACL tear or MCL instability. A progress note dated October 28, 2014 indicated bilateral lower extremities extension 180 with flexion to 110. There are no other objective findings noted in the medical record. There is no documentation of instability and the injured worker can walk longer than an hour. The injured worker does wear braces. Consequently, absent clinical documentation to support the defiance brace molded plastic lower knee and upper knee addition, the defiance brace molded plastic lower knee and upper knee addition is not medically necessary.

1 [REDACTED] gym 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, Knee & Leg (Acute & Chronic)

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 Section, Gym Memberships

Decision rationale: Pursuant to the Official Disability Guidelines, [REDACTED] gym membership is not medically necessary. Gym memberships are 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. Treatment needs to be monitored and administered by medical professionals. Gym memberships, health clubs, swimming pools, athletic clubs, etc., would not generally be considered medical treatment and are therefore not covered under these guidelines. In this case, the injured worker's working diagnoses are right shoulder impingement, status post decompression and distal clavicle excision; right lateral epicondylitis, status post arthroscopy, excision of spur, lateral epicondylitis release with persistent symptomology; cervical pain with referred pain in the upper extremities, status post several epidural injections; low back pain with referred pain in the lower extremities; right knee pain due to internal derangement, status post arthroscopy and continued symptomology; bilateral carpal tunnel syndrome, treated conservatively; and internal derangement of the left knee. Gym memberships, health clubs, swimming pools, athletic clubs, etc., would not generally be considered medical treatment and are therefore not covered under these guidelines. Consequently, pursuant to the guideline recommendations, [REDACTED] gym membership is not medically necessary.