

Case Number:	CM15-0105523		
Date Assigned:	06/09/2015	Date of Injury:	11/09/2010
Decision Date:	07/15/2015	UR Denial Date:	05/28/2015
Priority:	Standard	Application Received:	06/01/2015

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, Hawaii

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 is a (n) 45 year old male, who sustained an industrial injury on 11/9/10. He reported slipping and falling off a seven-foot ladder. He had injury to his right knee. The injured worker was diagnosed as having pain disorder associated with psychological factors and a general medical condition, major depressive disorder and pain disorder to knee. Treatment to date has included several knee surgeries, physical therapy, a right knee MRI on 7/9/14 showing some degeneration of the posterior medial meniscus and longitudinal tears of the lateral meniscus and a knee brace. As of the PR2 dated 5/19/15, the injured worker reports depression, anxiety and chronic pain to the knees and back. The treating physician noted that the injured worker is not interested in using additional narcotic medication or additional muscle relaxants to assist in managing his pain. The treating physician requested a 3-month membership at a health spa.

IMR ISSUES, DECISIONS AND RATIONALES

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

3 months 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 (ODG), Low Back, and Gym memberships.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Knee chapter, Gym Memberships.

Decision rationale: The patient presents with depression and right knee pain. The current request is for 3 months membership. The treating physician states in the report dated 5/19/15, "Mr. R is in need of a physical activation program to assist him with his chronic pain syndrome. Mr. R will benefit greatly from the physical activation and self-guided therapy provided at the H.C." (22B) The ODG guidelines state, "Not recommended as a medical prescription unless a home exercise program has not been effective and there is a need for equipment." In this case, the treating physician has not documented if a home exercise program has benefited the patient and if there is a need for specific special equipment that would be offered at a gym. Additionally, this request did not specify what exactly the membership is for, so there is no way to know exactly what type of membership is being requested, making this request invalid. The current request is not medically necessary.