

Case Number:	CM15-0018957		
Date Assigned:	02/06/2015	Date of Injury:	02/02/2009
Decision Date:	03/31/2015	UR Denial Date:	12/31/2014
Priority:	Standard	Application Received:	02/02/2015

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: Nevada, California

Certification(s)/Specialty: Anesthesiology, Pain Management

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 46-year-old female who reported an injury on 02/02/2009. The mechanism of injury involved a fall. The current diagnoses include chronic right knee pain, chronic low back pain, chronic cervical pain, and probable cervicogenic headaches. It was noted that the injured worker was status post 4 separate surgeries for the knee with the latest surgery on 06/14/2010 which included a lateral and medial meniscectomy with chondroplasty. The injured worker presented on 09/24/2014. It was noted that the injured worker had received approval for acupuncture sessions. The injured worker reported ongoing headaches, neck and low back pain. The current medication regimen includes ibuprofen. Chiropractic treatment offered an improvement in range of motion and a decrease in pain. Upon examination, there was medial and superior tenderness in the right knee, limited range of motion of the cervical spine, right paralumbar tenderness from L2-4, and negative sacroiliac or trochanteric tenderness. Recommendations included continuation of ibuprofen 600 mg. A request was also submitted for chiropractic treatment twice per week for 5 weeks, as well as a prescription for Fioricet on an as needed basis for headaches. A previous request had been submitted on 08/27/2014 for Pilates. There was no Request for Authorization form submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gym membership x 1 year: 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 Chapter, Gym memberships

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 membership.

Decision rationale: The Official Disability Guidelines do not recommend gym memberships as a medical prescription unless a home exercise program has been ineffective or there is a need for equipment. In this case, it was documented that the injured worker is participating in home exercises. There is no indication that this injured worker's home exercise program has been ineffective. There was also no indication that this injured worker requires specialized equipment. Given the above, the request is not medically appropriate.

Pilates (no frequency or duration indicated): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical therapy & Exercise.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 126.

Decision rationale: California MTUS Guidelines recommend yoga treatment as an option only for selected, highly motivated injured workers. There was no frequency or duration listed in the request. The medical necessity for the requested passive therapy has not been established in this case. As such, the request is not medically appropriate.

Acupuncture 1 x 12 to Right knee/Lumbar/Cervical: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: California MTUS Guidelines state acupuncture is used as an option when pain medication is reduced or not tolerated and may be used as an adjunct to physical rehabilitation and/or surgical intervention. The time to produce functional improvement includes 3 to 6 treatments. The current request for acupuncture once per week for 12 weeks exceeds guideline recommendations. Additionally, there was no documentation of objective functional improvement following the initial course of acupuncture treatment. As such, the request is not medically appropriate.