

Case Number:	CM15-0019277		
Date Assigned:	02/09/2015	Date of Injury:	10/28/1983
Decision Date:	03/31/2015	UR Denial Date:	01/27/2015
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: California

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 62 year old male, who sustained a work injury as an administrative assistant on 10/28/83. He has reported symptoms of bilateral knee pain (R>L). Prior medical history includes obesity. The diagnosis osteoarthritis, tendinitis, and abnormal gait. Treatments to date included total knee replacement (2004) and right total knee replacement (2001) with total replacement of loosening right knee prosthesis 1/7/15. As of 8/20/14 knee pain persisted with difficulty walking up and down stairs and taking OxyContin 15 mg 2-4 tablets daily. Range of motion to right knee was +10 to 80 degrees and left was +10 to 80 degrees. Custom Orthotics was provided to eliminate pain and stabilize gait. A re-do of the right knee revision was scheduled. As of 1/6/15, medications were Pantoprazole, Oxycodone, Naproxen, and Omeprazole. A nutritionist for weight loss, Transcutaneous Electrical Nerve Stimulation (TENS), and refill of medication was requested along with gym program for pool access. On 1/27/15, Utilization Review modified Durable Medical Equipment (DME) Transcutaneous Electrical Nerve Stimulation (TENS) unit rental or purchase unspecified (QTY: 1) to Durable Medical Equipment (DME) generic two lead unit trial for one month (QTY; 1); Gym program membership for pool access, unspecified duration to Gym Program one-month trial of a gym/pool membership (QTY: 1), noting the California Medical treatment Utilization Schedule (MTUS) , Chronic Pain Medical Treatment Guidelines and Official Disability Guidelines (ODG).

IMR ISSUES, DECISIONS AND RATIONALES

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

DME TENS unit rental or purchase unspecified: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS. Decision based on Non-MTUS Citation BlueCross BlueShield

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy trial TENS Page(s): 114-116.

Decision rationale: According to the 12/09/2014 report, this patient presents with knee and lower leg pain that is sharp, cramping and severe. The current request is for DME TENS unit rental or purchase unspecified but the treating physician's report and the request for authorization containing the request is not included in the file. The Utilization Review modified the request to 1 DME TENS unit trial for one month. The patient's work status is medically disabled. Regarding TENS units, the MTUS guidelines state not recommended as a primary treatment modality, but a one-month home-based unit trial may be considered as a noninvasive conservative option and may be appropriate for neuropathic pain. The guidelines further state a rental would be preferred over purchase during this trial. Review of the medical records from 09/02/2014 to 12/09/2014 shows that the patient has neuropathic pain but there is no indication that the patient has trialed a one-month rental to determine whether or not a TENS unit will be beneficial. The current request is for a purchase of a TENS unit without documentation of a one month trial. Therefore, the request IS NOT medically necessary.

Gym program membership for pool access, unspecified duration: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 339-340. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee and Leg, Exercise and Low Back, Exercise & Aquatic Therapy

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Knee chapter: Gym membership

Decision rationale: According to the 12/09/2014 report, this patient presents with knee and lower leg pain that is sharp, cramping and severe. The current request is for Gym program membership for pool access, unspecified duration. The MTUS guidelines do not address gym memberships. The ODG guidelines 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. In reviewing the provided report, the treating physician does not provide any rationale for gym membership and why the patient is not able to do home exercise. There is no discussion regarding the need for special equipment and how the patient is to be medically supervised. In this case, the treating physician fails to provide the necessary documentation as required by the guidelines. In addition, the treating physician does not indicate the duration for gym membership. Therefore, the request IS NOT medically necessary.

