MAXIMUS Federal Services

Case Number:	CM15-0120070		
Date Assigned:	06/30/2015	Date of Injury:	10/13/2010
Decision Date:	07/31/2015	UR Denial Date:	06/09/2015
Priority:	Standard	Application Received:	06/22/2015

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 39 year old female, who sustained an industrial injury on 10/13/2010. The mechanism of injury is documented as a fall. The injured worker was diagnosed as having low back pain and lumbar spondylosis. There is no record of a recent diagnostic study. Treatment to date has included home exercises, lumbar brace, physical therapy, massage, TENS (transcutaneous electrical nerve stimulation), water aerobics and medication management. In a progress note dated 5/28/2015, the injured worker complains of low back pain, bilateral knee pain and bilateral hand pain. The pain was rated 10/10 without medications and 2/10 with medications. Physical examination showed restricted lumbar range of motion, sacroiliac tenderness and right knee tenderness. The treating physician is requesting a gym membership and a neoprene sleeve knee brace for the right knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gym membership: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Gym membership.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Low Back (Lumbar & Thoracic) Chapter, under Gym memberships.

Decision rationale: Based on the 06/24/15 progress report provided by treating physician, the patient presents with bilateral knee and low back pain rated 2/10 with and 9/10 without medications. The request is for gym membership. RFA with the request not provided. Patient's diagnosis on 04/30/15 included low back pain and lumbar spondylosis. Patient's gait is antalgic and wide-based. The patient wears a lumbar support brace. Physical examination to the right knee on 04/30/15 report revealed tenderness over the lateral and medial joint lines. Sensation to light touch was decreased over the lateral thigh on the left side. Examination to the lumbar spine revealed tenderness to palpation over the paravertebral muscles. Range of motion was decreased, especially on extension 15 degrees. Positive straight leg raise test on the right. Treatment to date has included home exercises, lumbar brace, physical therapy, massage, TENS, water aerobics and medications. Patient's medications include Flexeril, Trazodone, Lidoderm patch, Norco and Ursodiol. The patient is not working, per 04/30/15 report, and is permanent and stationary, per AME report 02/2015. Treatment reports were provided from 12/24/14 - 06/01/15.MTUS and ACOEM guidelines are silent regarding gym membership.ODG guidelines, Low Back (Lumbar & Thoracic) Chapter, under Gym memberships states: "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." ODG further states treatment must be monitored by medical professionals. Per 06/24/15 report, treater states, "A gym program is delivered under supervision with individually designed curriculum incorporating stretching and strengthening exercises. Patient already has a HEP. Pt notes benefit with use of curl up, chest fly, and shoulder press machines." ODG Guidelines only allow gym memberships in cases where documented home exercise program with periodic assessment and revision have not been effective; and there is a need for equipment. Treater has discussed exercise equipment available at the gym, but there is no documentation of specific objective and subjective outcomes with regards to the gym membership. ODG generally does not support pool/gym memberships as medical treatment. In addition, guidelines do not support open-ended requests. Treater has not indicated duration of membership in this request. This request is not in accordance with guideline recommendations. Therefore, the request is not medically necessary.

Neoprene sleeve knee brace for right knee: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 304. Decision based on Non-MTUS Citation Official disability guidelines Knee and Leg Chapter, Knee Brace.

Decision rationale: Based on the 06/24/15 progress report provided by treating physician, the patient presents with bilateral knee and low back pain rated 2/10 with and 9/10 without medications. The request is for neoprene sleeve knee brace for right knee. RFA with the request not provided. Patient's diagnosis on 04/30/15 included low back pain and lumbar spondylosis. Patient's gait is antalgic and wide-based. The patient wears a lumbar support brace. Physical examination to the right knee on 04/30/15 report revealed tenderness over the lateral and medial joint lines. Sensation to light touch was decreased over the lateral thigh on the left side. Examination to the lumbar spine revealed tenderness to palpation over the paravertebral muscles. Range of motion was decreased, especially on extension 15 degrees. Positive straight

leg raise test on the right. Treatment to date has included home exercises, lumbar brace, physical therapy, massage, TENS, water aerobics and medications. Patient's medications include Flexeril, Trazodone, Lidoderm patch, Norco and Ursodiol. The patient is not working, per 04/30/15 report, and is permanent and stationary, per AME report 02/2015. Treatment reports were provided from 12/24/14 - 06/01/15.ACOEM page 304 recommends "knee brace for patellar instability, anterior cruciate ligament (ACL) tear, or medical collateral ligament (MCL) instability although its benefits may be more emotional (i.e., increasing the patient's confidence) than medical. Usually a brace is necessary only if the patient is going to be stressing the knee under load, such as climbing ladders or carrying boxes. For the average patient, using a brace is usually unnecessary. In all cases, braces need to be properly fitted and combined with a rehabilitation program." ODG, Knee and Leg Chapter under Knee Brace, does recommend knee brace for the following conditions "knee instability, ligament insufficient, reconstructive ligament, articular defect repair as vascular necrosis, meniscal cartilage repair, painful failed total knee arthroplasty, painful high tibial osteotomy, painful unicompartmental OA, or tibial plateau fracture." Per 06/24/15 report, treater states; "I would like to point out that the requested brace is an essential part of the patient's conservative management. It is relatively low in cost and will be beneficial in relieving pain and stiffness and reducing excessive loading; thereby, improving physical function, and preventing further injury. Due to the patient's pain and instability, I believe that knee braces is the right choice especially since it is being used in conjunction with pain medication and her home exercise program. It will be beneficial not just in reducing the patient's amount of pain but also in enhancing the position and movement of her knee, hence encouraging the patient to remain active. On April 30, 2015, the patient reported that her right knee brace was old and over-stretched. She stated that she used it occasionally when she had increased pain for added support. The requested knee brace is just a continuation of the treatment modality being used in the past by the patient for additional support and comfort. Since it was helpful, this should be continued to be utilized for an optimal pain relief and comfort." Per 02/05/15 AME report, X-rays from 03/09/09 "indicated an unfused apophysis bilaterally. The patient had Baker's cyst, leg fatigue and old Osgood Schlatter disease. Impression: long history of nonindustrial knee degenerative disease." In this case, physical examination findings to the right knee were unremarkable, and neoprene sleeve does not have much support from the guidelines. However, the patient has a long history of knee degenerative disease and diagnosis of old Osgood Schlatter disease. Given discussion of how the brace will benefit the patient, the request for a replacement neoprene knee brace for added support when the patient is active, appears reasonable. Therefore, the request is medically necessary.