

<b>Case Number:</b>	CM15-0024764		
<b>Date Assigned:</b>	02/17/2015	<b>Date of Injury:</b>	03/17/2014
<b>Decision Date:</b>	06/02/2015	<b>UR Denial Date:</b>	01/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/09/2015

### 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, Arizona  
 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 35 year old male, who sustained an industrial injury on March 17, 2014. The mechanism of injury was a slip and fall. He has reported injury to the right knee. The diagnoses have included acute tear medial menisci right knee, acute tear lateral menisci right knee, chondromalacia anterior compartment, morbid obesity, traumatic arthritis of the right knee, arthroscopy right knee with medial and lateral meniscectomy, abrasion arthroplasty right knee, right knee effusion and right sciatica. Treatment to date has included surgery, physical therapy and medications. Currently, the injured worker complains of weakness of his entire right lower extremity as well as numbness over the proximal medial side of his right leg. He has a normal gait and there was no guarding of his low back. He can only squat to about 45 degrees due to the pain. His right knee still appears swollen. On January 30, 2015, Utilization Review non-certified Supartz x5, gym x 3 months, work pants and cushioned boots and shows, noting the CA MTUS and Official Disability Guidelines. On February 9, 2015, the injured worker submitted an application for Independent Medical Review for review of Supartz x5, gym x 3 months, work pants and cushioned boots and shows. The documentation of 02/10/2015 revealed the injured worker was status post-arthroscopic right knee surgery with a partial medial and lateral meniscectomy and abrasion arthroplasty. The injured worker had been through 2 courses of physical therapy. The request was made for Supartz injections for severe traumatic arthritis of the right distal femur and access to gym equipment for more effective home exercise program. The injured worker was noted to be on a diet; however, was no longer losing weight. The physical examination was noted to have been unchanged. The right knee was swollen. The

diagnoses included traumatic arthritis right knee based on findings at surgery and mild right sciatica. The treatment plan included a diet and exercise program, physical therapy, a series of 5 Supartz injections for the right knee due to the damage of the medial femoral condyle seen at surgery and a request for long distance walking shoes, cushioned heel work boots and pants with knee pads.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Supartz x5: Upheld**

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

**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, Hyaluronic acid injections.

**Decision rationale:** The Official Disability Guidelines indicate that hyaluronic acid injections are recommended for injured workers who experience significantly symptomatic osteoarthritis but who have not responded adequately to recommended conservative care including non-pharmacologic and pharmacologic treatment or are intolerant to these treatments after at least 3 months. There should be documentation of symptomatic severe osteoarthritis of the knee, which may include the following, bony enlargement, bony tenderness, crepitus, less than 30 minutes of morning stiffness and no palpable warmth of synovium and over 50 years of age. There should be documentation that pain interferes with functional activities and there should be documentation of failure to adequately respond to aspiration and injection of intra-articular steroids. There should be documentation the injured worker is not currently a candidate for a total knee replacement or that the injured worker had failed previous knee surgery for arthritis. The clinical documentation submitted for review failed to indicate the injured worker had a failure to adequately respond to aspiration and injection of intra-articular steroids. There was a lack of documentation indicating the injured worker was not a current candidate for total knee replacement. The request as submitted failed to indicate the body part to be injected. Given the above, the request for Supartz x5 is not medically necessary.

#### **Gym x3 Months: 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), Gym Membership.

**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 Chapter, Gym Membership.

**Decision rationale:** The Official Disability Guidelines indicate that Gym memberships and swimming pools, would not generally be considered medical treatment, and are therefore not covered under the disability guidelines. The documentation indicated the request was made for a gym membership for a more effective home exercise program. However, after 2 course of therapy, the injured worker should be well versed in a home exercise program. The clinical documentation submitted for review failed to provide documentation of exceptional factors to warrant non-adherence to guideline recommendations. Given the above, the request for gym x3 months is not medically necessary.

**Work Pants:** Upheld

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

**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, Durable Medical Equipment (DME).

**Decision rationale:** The Official Disability Guidelines indicate that durable medical equipment is recommended if there is a medical need and if the device or system meets Medicare's definition of durable medical equipment. The request for work pants would not meet the definition of durable medical equipment, as it is not medical treatment. Given the above, the request for work pants is not medically necessary.

**Cushioned Boots and Shows:** Upheld

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

**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, Shoes.

**Decision rationale:** The Official Disability Guidelines indicate that specialized footwear is recommended as an option for knee osteoarthritis. The clinical documentation submitted for review indicated the injured worker had osteoarthritis. As such, this portion of the request would be supported. However, the request as submitted failed to indicate the quantity of pairs of shoes being requested. Given the above, the request for cushioned boots and shoes is not medically necessary.