

<b>Case Number:</b>	CM13-0022218		
<b>Date Assigned:</b>	11/13/2013	<b>Date of Injury:</b>	01/26/2012
<b>Decision Date:</b>	01/16/2014	<b>UR Denial Date:</b>	08/19/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/10/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Oklahoma and Texas. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is a 49-year-old male who reported a work related injury on January 26, 2012, specific mechanism of injury not stated. The patient presents for treatment of right shoulder pain and bilateral knee pain. The clinical note dated August 1, 2013 reports that the patient was seen under the care of [REDACTED]. The provider documents that the patient reports continued bilateral knee pain. The provider also documents that the patient utilizes Nabumetone and Norco 10/325. Upon physical exam of the patient's bilateral knees, the right knee was stable to valgus stress and extension and at 30%, there was no tenderness noted upon palpation and no joint effusion. Inspection of the left knee revealed a positive McMurray's test, patellar apprehension test was negative. Range of motion of the knees was noted to be at 0 to 150 degrees on the right and 0 to 130 degrees on the left. The provider documented that the patient's height was 5 feet 9 inches and the patient weight was 360 pounds with a BMI of 53.16. The provider recommended the following interventions for the patient, authorization for physiotherapy, pool therapy, Synvisc injections and weight management program

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Aquatic Pool Therapy 3x4:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy Page(s): 99.

**Decision rationale:** The current request is not supported. The clinical documentation submitted for review reports that the patient presents with a date of injury from January of 2012. It is unclear when the patient has last utilized physical therapy interventions, and the efficacy of treatment. Clinical notes do not indicate that the patient has failed with an independent home exercise program for his minimal objective functional deficits. California MTUS Guidelines indicates, "allow for fading of treatment frequency from up to 3 visits per week to 1 or less plus active self-directed home physical medicine." At this point in the patient's treatment, utilization of an independent home exercise program would be indicated. Therefore, the request for aquatic pool therapy 3x4 is not medically necessary or appropriate.

**Synvisc Injection (unspecified):** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC Knee and Leg Procedure Summary.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg Chapter.

**Decision rationale:** The current request is not supported. The clinical documentation submitted for review fails to evidence the specific criteria for the patient to utilize Synvisc injections for his knee complaints. The clinical documentation submitted for review did not evidence that the patient presented with diagnoses of significant or severe osteoarthritis for the bilateral knees. In addition, the patient had minimal objective findings of symptomatology upon physical exam of the bilateral knees. The patient had full range of motion to the right and minimal deficit to the left as far as range of motion. The ODG indicates, "hyaluronic acid injections are recommended as a possible option for severe osteoarthritis for patients who have not responded adequately to recommended conservative treatments, exercise and acetaminophen to potentially delay total knee replacement, but in recent quality studies the magnitude of improvement appears modest at best." Given the above, the request for a Synvisc injection (unspecified) is not medically necessary or appropriate.

**Weight Management Program (unspecified):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Comparison of Strategies for Sustaining Weight Loss for Weight Loss Randomized Control Trial"

**Decision rationale:** The current request is not supported. Clinical documentation submitted for review evidences the patient is 360 pounds with a height of 5 feet 9 inches and a BMI of 53.16.

However, the clinical notes do not document or summarize what interventions the patient has previously utilized for attempts at weight loss. Clinical notes do not document that the patient has assisted diet with either pharmaceuticals, exercise, or diet changes to support the current request. The California MTUS/ACOEM and Official Disability Guidelines do not specifically address. A journal article entitled Comparison of Strategies for Sustaining Weight Loss for Weight Loss Randomized Control Trial indicates "behavioral weight loss interventions achieve short-term success but regain is common." Given all the above, the request for weight management program (unspecified) is not medically necessary or appropriate.