MAXIMUS Federal Services

Case Number:	CM13-0027981		
Date Assigned:	11/22/2013	Date of Injury:	10/21/2003
Decision Date:	01/28/2014	UR Denial Date:	09/11/2013
Priority:	Standard	Application Received:	09/23/2013

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 Occupational Medicine and is licensed to practice in California. 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 55-year-old male with a work-related DOI on 10/21/03 to his left knee and left ankle. The patient was declared P&S (permanent and stationary) by treating physician in 12/05 and continues treatment under future medical care provisions. The patient was treated with PT, meds, bracing and injections. He was recommended for left knee arthroplasty however the patient declined. The patient was diagnosed with left knee internal derangement and left ankle pain secondary to abnormal weight-bearing on an arthritic ankle. He was provided a motorized scooter and home IF unit. The patient was seen on 8/13/13 by his treating physician with complaints of on/off pain in the left knee and he has developed constant severe low back pain, his left ankle has improved and has gained motion. Findings noted tenderness in the lumbar spine and knees with no loss of motion, motor strength of left lower extremity was not available, x-rays revealed bilateral osteoarthritis of the knees and mild degenerative changes in the lumbar spine. The patient is noted to weight 255lbs. A request was made for a motorized scooter lift the scooter which weights 400lbs in order to assist in transporting it as well as a gym membership and weight loss program.

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 Knee and Leg Chapter-gym memberships.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines exercise Page(s): 46.

Decision rationale: CA MTUS discusses exercise on page 46. It does recommend exercise, but does not specify any particular training program over another. A gym membership also does not meet criteria of medical treatment since there is no specific regimen or studied protocol as well as the availability of medical supervision. The study in the MTUS includes supervised exercise which had good results. As a gym membership does not provide supervision, it is not a medical treatment and not medically necessary.

Weight loss program: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management. Decision based on Non-MTUS Citation AETNA Clinical Policy Bulletin: Weight Reductions Medications and Programs.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation CMS 40.5, ACOEM 2007 weight loss.

Decision rationale: CA MTUS does not address weight loss regarding low back disorders. Other guidelines were sought. National Guideline Clearinghouse uses ACOEM 2007 and recommends weight loss. However, there is no specific method for weight loss given. Also, guidelines do not recommend a specific brand of weight loss program, except for exercise programs and dietary changes. CMS 40.5 - Treament of Obesity does not cover treatments for obesity or supplemented fasting. It does allow for a case by case basis decision on weight loss if obesity prevents a needed surgery. This patient is not pending surgery needing weight loss. Based on Aetna Clinical Policy Bulletin (0039), criteria for the usage of weight reduction programs and/or weight reduction medications include individuals with a BMI greater than or equal to 30, or those individuals with BMI greater than or equal to 27 with complications including coronary artery disease, dyslipidemia, hypertension, obstructive sleep apnea, and/or diabetes who have failed to lose at least 1 pound a week for at least six months on a weight-loss regimen that includes a low-calorie diet, increased physical activity, and behavioral therapy. The requesting physician does not document BMI. There is no documentation of what attempts have been made to lose weight, and no documentation of comorbidities meeting the criteria for a weight loss program. Therefore, as guidelines do not recommend specific weight loss programs, the request for weight loss program is not medically necessary.

Lift for scooter: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Power mobility devices (PMD's) Page(s): 99.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Reference / Citation: Anthem, Clinical UM Guideline, Subject: Durable Medical Equipment, Guideline#: CG-DME-10. Current (April11, 2012) CMS, mobile, patient lift .

Decision rationale: CA MTUS does not address a motorized scooter lift. Therefore other guidelines or evidence was needed. ODG does not address this issue nor does ACOEM. The treating physician has not made a medical case for the need of the lift. There is no evidence that other transport has not been tried, such as a van for hire that is wheelchair accessible. After review of available data, it seems the claims administrators use of "Reference / Citation: Anthem, Clinical UM Guideline, Subject: Durable Medical Equipment, Guideline#: CG-DME-10. Current (April11, 2012)" is appropriate as well as the Medicare CMS patient lifts reference. The guideline states that an electric lift is not medically necessary. Although this guideline is not MTUS it does meet the criteria of "Nationally Recognized Professional Standards - No guideline within the MTUS was applicable and relevant to the clinical circumstances of the issue at dispute. It was the highest level of evidence applicable and relevant to the clinical circumstances of the issue at dispute. Also, it is generally accepted that there is no medically necessity for the patient to improve his condition with the electric lift. There are alternative means of transport to assist with ADLs. Therefore, the scooter lift is not medically necessary. In addition, there is no indication that a scooter lift will help with the patient's condition and is not considered medically necessary.