

Case Number:	CM13-0032585		
Date Assigned:	04/25/2014	Date of Injury:	12/04/2006
Decision Date:	06/10/2014	UR Denial Date:	09/20/2013
Priority:	Standard	Application Received:	10/08/2013

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Management, 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 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/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 70-year-old with an injury date on December 4, 2006. Based on the December 3, 2012 progress report provided by [REDACTED] the diagnoses are status post left knee arthroscopy on April 7, 2007, exact procedure unknown, with severe osteoarthritis, status post right knee arthroscopy and right distal femoral bone cyst excision on January 28, 2009 with significant osteoarthritis, bilateral hip sprain secondary to compensatory overuse and altered gait, lumbosacral spine musculoligamentous sprain/strain with left lower extremity radiculitis and findings of 2-3mm disc protrusion with moderate facet degenerative joint disease and neuroforaminal stenosis at L2-L5 per MRI scan on November 30, 2011, left ankle sprain, unchanged, not reevaluated, and cardiac complaints possibility secondary to work-related stressors. Exam on December 3, 2012 showed "bilateral hips have no evidence of swelling, atrophy, deformity. Tenderness to palpation is present over anterior joint and greater trochanters. Fabere's test elicits increased bilateral hip pain. Patient uses wheeled walker to assist ambulation. Tenderness to palpation in bilateral knees over medial joint line, lateral joint line, and peripatellar region. Patellofemoral crepitus present with passive ranging. McMurray's test elicits pain." [REDACTED] is requesting [REDACTED] membership for 6 months including weekly meal allowance. The utilization review determination being challenged is dated September 20, 2013 and rejects request, citing Medical Disability Advisor recommendations of behavior modification and calorie restriction for weight loss. [REDACTED] is the requesting provider, and he provided treatment report from April 18, 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

MEMBERSHIP FOR 6 MONTHS, INCLUDING WEEKLY MEAL ALLOWANCE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation THE MEDICAL DISABILITY ADVISOR.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy, Exercise Section Page(s): 22, 46-47. Decision based on Non-MTUS Citation Official Disability Guidelines, (ODG), Lumbar / Knee / Shoulder Chapters.

Decision rationale: According to December 28, 2011 report by [REDACTED], this patient presents with "low back pain from a bulging disc. Bilateral knee pain" and "tenderness in bilateral sacroiliac joints and trigger joint pain" per December 31, 2011 report. The request is for [REDACTED] membership for six months including weekly meal allowance. In March 2011, patient was authorized to begin 10 week [REDACTED] weight loss program and lost 30 pounds in 3 months before being hospitalized per December 3, 2012 report. According to the December 3, 2012 report, patient was not cleared by cardiologist to begin acupuncture or chiropractic treatment for pain management, but was cleared to begin weight loss program. The December 5, 2012 report by [REDACTED] states: "The closest [REDACTED] is 20 miles from patient's house. Authorization requested for 10-week [REDACTED] Program to reach goal weight of 180 pounds prior to proceeding with left total knee arthroplasty." The RFA referenced in the UR letter from [REDACTED] dated August 26, 2013 is not included in the provided reports. The MTUS, ACOEM and ODG do not address weight loss programs. Aetna Clinical Policy Bulletin allows medically supervised programs but diet supplement nutritional support programs are excluded. In this case, [REDACTED] program is not medically supervised and the requested weekly meal allowance is not recommended per this guideline. The request for [REDACTED] membership for six months, including weekly meal allowance is not medically necessary or appropriate.