

Case Number:	CM13-0033712		
Date Assigned:	12/06/2013	Date of Injury:	09/15/1999
Decision Date:	02/27/2014	UR Denial Date:	09/30/2013
Priority:	Standard	Application Received:	10/10/2013

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 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 60-year-old male who reported an injury on 09/15/1999 due to cumulative trauma while performing normal job duties. Prior treatments included physical therapy, aquatic therapy, epidural steroid injections, medications, and Synvisc injections for the knee. The patient's most recent clinical examination revealed tenderness to palpation over the medial and lateral joint line of the left knee with audible crepitation with extension, significantly reduced range of motion of the lumbar spine secondary to pain in combination with tenderness to palpation over the paraspinal musculature and spinous process. Treating physician noted that he was anticipating a total knee replacement and recommended weight reduction to the patient. The patient's diagnoses included left knee osteoarthritis and internal derangement, degenerative disc disease of the lumbar spine, status post left knee arthroscopy, right knee pain, chronic pain syndrome, and obesity. It is noted within the documentation that the patient has lost approximately 60 pounds with pharmacological and self managed methods. The patient's treatment plan included initiation of a supervised weight loss program, a 1 year gym membership with pool access, and continuation of medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Carativisc: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic Pain and Glucosamine and (Chondroitin Sulfate) Page(s): 50, 60.

Decision rationale: The clinical documentation submitted for review does support that the patient has significant symptomatology related to osteoarthritic pain of the left knee. California Medical Treatment Utilization Schedule recommends glucosamine and chondroitin sulfate as an option given its low risk for patients with moderate arthritic pain, especially in the knees. However, California Medical Treatment Utilization Schedule recommends the continued use of medications in the management of chronic pain be supported by documentation of functional benefit and quantitative assessment of pain relief. The clinical documentation submitted for review does not provide any evidence of significant functional benefit or pain relief related to this medication. Therefore, continued use would not be supported. As such, the request Carativisc is not medically necessary or appropriate.

Gym/Pool Membership x 1 year: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 9 Shoulder Complaints, Chapter 10 Elbow Disorders (Revised 2007), Chapter 11 Forearm, Wrist, and Hand Complaints, Chapter 12 Low Back Complaints, Chapter 13 Knee Complaints, Chapter 14 Ankle and Foot Complaints. Decision based on Non-MTUS Citation CA MTUS American College of Occupational and Environmental Medicine (ACOEM), Home Exercise, Chapter 6

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy Page(s): 22. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Gym memberships.

Decision rationale: The requested gym/pool membership for 1 year is not medically necessary or appropriate. The clinical documentation submitted for review does provide evidence that the patient has previously benefitted from aquatic therapy. It is noted within the documentation that the patient would benefit from transitioning into a self managed aquatic therapy program to continue improvement levels. California Medical Treatment Utilization Schedule does recommend the use of aquatic therapy when a nonweightbearing environment would benefit the patient. The clinical documentation does indicate that the patient has significant knee osteoarthritis and is obese. Both of these conditions would benefit from a nonweightbearing environment. Official Disability Guidelines do support the use of a gym membership with pool access when this type of equipment would benefit the patient. However, Official Disability Guidelines do recommend that outcomes be monitored by a health professional. The requested duration of time does not allow for timely reassessment or monitoring of the patient's treatment program to support the efficacy of this treatment modality. Therefore, the requested gym/pool membership x1 year is not medically necessary or appropriate

10 Week [REDACTED] Weight Loss Program: 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), www.odg-twc.com.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Diabetic Chapter, Lifestyle (diet & exercise) modifications.

Decision rationale: The requested [REDACTED] Weight Loss Program for 10 weeks is not medically necessary or appropriate. The clinical documentation submitted for review does provide evidence that the patient has self managed 60 pounds of weight loss following bariatric surgery. As the patient has successfully managed nutrition and exercise self motivated programs, the need for supervision in a weight loss management program is not indicated. Official Disability Guidelines recommend supervised weight loss programs when the patient has failed to approximately self manage nutritional intake and a self motivated exercise program to reach weight loss goals. The clinical documentation submitted for review does provide evidence that the patient has lost approximately 60 pounds as a result of his self managed program. Therefore, the addition of a supervised weight loss program is not indicated. As such, the requested 10 week [REDACTED] Weight Loss Program is not medically necessary or appropriate.