

Case Number:	CM13-0059130		
Date Assigned:	12/30/2013	Date of Injury:	09/03/1996
Decision Date:	05/06/2014	UR Denial Date:	11/19/2013
Priority:	Standard	Application Received:	11/29/2013

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 Family Practice 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 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 injured worker is a 49-year-old female who reported an injury on 09/03/1996. The mechanism of injury was not provided for review. The injured worker's treatment history includes multiple knee surgeries, medications, physical therapy, and injection therapy. The injured worker ultimately developed low back pain due to an altered gait. The injured worker was evaluated on 11/04/2013 due to ongoing left knee pain complaints and low back pain that radiated into the lower extremities. Physical findings of the left knee documented crepitation with range of motion and tenderness to the medial joint line with positive effusion. The injured worker's diagnoses included left knee chondromalacia, osteoarthritis, medial and lateral meniscal tears, loose bodies, and chronic low back pain with sciatica. The injured worker's treatment plan included physical therapy, weight loss, a home exercise program, additional viscosupplementation of the left knee, and possible surgical intervention.

IMR ISSUES, DECISIONS AND RATIONALES

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

WEIGHT LOSS AND HOME EXERCISE PROGRAM: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46-47.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PHYSICAL MEDICINE Page(s): 98-99.

Decision rationale: The requested weight loss and home exercise program are not medically necessary or appropriate. The California Medical Treatment Utilization Schedule recommends that patients be transitioned into a home exercise program to maintain improvement levels obtained during skilled physical therapy. The clinical documentation does not provide any evidence that the injured worker is currently participating in a home exercise program. However, as this type of treatment modality should be self-directed and self managed, the need for a request for treatment is unclear. Additionally, the requested weight loss program is not addressed in the California Medical Treatment Utilization Schedule. Official Disability Guidelines recommend a weight loss program that is supervised for patients who have failed to self manage weight loss goals independently. The clinical documentation submitted for review does not provide any evidence that the injured worker has failed to progress through a self-directed independent weight loss program. Therefore, the need for a supervised weight loss program is not clearly indicated. As such, the requested weight loss and home exercise program are not medically necessary or appropriate.