

Case Number:	CM13-0062953		
Date Assigned:	12/30/2013	Date of Injury:	05/19/2011
Decision Date:	04/03/2014	UR Denial Date:	11/05/2013
Priority:	Standard	Application Received:	12/09/2013

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 Orthopedic Surgery 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 59-year-old male who reported an injury on 05/19/2011. The mechanism of injury was noted to be the patient twisted his left knee while unloading cases of juice. The patient had a partial medial and lateral meniscectomy with tricompartmental chondroplasty and synovectomy on 02/24/2012. The patient's diagnosis was noted to be sprain of the knee and leg, and torn meniscus. The clinical documentation dated 10/14/2013 revealed the patient was provided with psychotropic medication and psychotherapy. The patient was eating almost uncontrollably and had gained 50 pounds. It was indicated when the patient last worked he weighed 289 pounds and on the visit of 10/14/2013, the patient weighed 341 pounds. The patient complained of constant severe pain in the left knee that was associated with frequent swelling and giving way feeling when going downstairs. Kneeling, squatting and/or twisting, and prolonged sitting aggravated the pain. The patient's height was noted to be 6 feet tall and weighs 341 pounds, which would give him a BMI of 46.2. The left knee had exquisite tenderness over the medial joint line on the left and slight medial joint line tenderness on the right side. There was moderate tenderness under the medial sub patellar facet on the left. The patient had crepitation and a negative patella apprehension test. The patient had no instability with a McMurray's test, Slocum drawer, Lachman's, and pivot shift sign with slight evidence of joint effusion and mild quadriceps atrophy on the left. The patient had 4+/5 strength on the quadriceps on the left. The x-ray of the left knee was abnormal with a severe amount of decrease in the medial joint space. The patellofemoral joint showed moderate hypertrophic spur formation, and the femoral tibial articulation showed a large amount of hypertrophic spur formation. Significant calcification and loose bodies were seen. The diagnoses were noted to include advanced posttraumatic degenerative arthritis of the left knee and advanced degenerative arthritis of the left knee and 50-pound weight gain following industrial injury. Recommendations include

Motrin, Prilosec, tramadol, and a compounded topical analgesic cream, a left knee total replacement, and the patient was recommended to attend Lindora or Weight Watchers as it was indicated the patient could not control his eating and needed supervision. As such, the authorization was requested for aquatic therapy, Weight Watchers, and a left knee total replacement.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic therapy on daily basis for 6 months for weight loss and strengthen quadriceps muscles: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy Section and Physical Medicine Section Page(s): 22 and 98-99.

Decision rationale: The California MTUS guidelines recommend aquatic therapy as an optional form of exercise therapy that is specifically recommended where reduced weight bearing is desirable. The guidelines indicate the treatment for Myalgia and myositis is 9-10 visits and for Neuralgia, neuritis, and radiculitis, it is 8-10 visits. The clinical documentation submitted for review indicated the patient had attended 24 sessions of physiotherapy for the left knee without improvement following arthroscopic surgery. However, there was a lack of documentation indicating the patient had a necessity for reduced weight bearing and there was a lack of documentation indicating a necessity for 6 months of aquatic therapy for weight loss and strengthening of the quadriceps muscles without re-evaluation. Given the above and the lack of documentation of exceptional factors to warrant non-adherence to Guideline recommendations, the request for aquatic therapy on daily basis for 6 months for weight loss & strengthen quadriceps muscles is not medically necessary.

Weight watchers or Lindora weight loss program: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy Section and Physical Medicine Section Page(s): 22 and 98-99.

Decision rationale: The Claims Administrator based its decision on [REDACTED]. The Physician Reviewer based his/her decision on Long-term weight loss maintenance. The Physician Reviewer's decision rationale: Per Wing, et. al. (2005) "Findings from the registry suggest six key strategies for long-term success at weight loss: 1) engaging in high levels of physical activity; 2) eating a diet that is low in calories and fat; 3) eating breakfast; 4) self-monitoring weight on a regular basis; 5) maintaining a consistent eating pattern; and 6) catching "slips" before they turn into larger regains...Initiating weight loss after a medical event

may also help facilitate long-term weight control." The clinical documentation submitted for review failed to indicate the patient had trialed and failed eating a diet that was low in calories and fat, eating breakfast, and self-monitoring his weight on a regular basis and maintaining a consistent eating pattern. The request as submitted failed to indicate the duration that was being requested for the weight loss program. Given the above, and the lack of documentation of the patient trying self-monitoring, the request for weight watchers or lindora weight loss program is not medically necessary.

Left total knee replacement: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation ODG knee Chapter

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg Chapter, Knee Joint Replacement.

Decision rationale: The Official Disability Guidelines indicate a knee joint replacement is appropriate if the patient had trialed and failed exercise therapy including supervised physical therapy and home rehab exercises and medications, and has limited range of motion less than 90 degrees for a total knee replacement and nighttime joint pain and no pain relief with conservative care and there is documentation of current functional limitations demonstrating necessity of intervention plus the patient is over 50 years of age and has a body mass of less than 35 and has standing x-rays that document significant loss of chondral clear space in at least 1 of 3 compartments with varus or valgus deformity as an indication with additional strength or has a previous arthroscopy. The clinical documentation submitted for review indicated the patient had exercise therapy and medications. However, there was a lack of documentation indicating the patient had nighttime joint pain, no pain relief with conservative care, current functional limitations demonstrating necessity of intervention and a body mass index of less than 35. The patient's body mass index was noted to be 46.2. Given the above, the request for a left total knee replacement is not medically necessary.