MAXIMUS Federal Services

Case Number:	CM14-0011151		
Date Assigned:	02/21/2014	Date of Injury:	03/07/2011
Decision Date:	06/25/2014	UR Denial Date:	12/27/2013
Priority:	Standard	Application Received:	01/27/2014

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 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 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 60-year-old male who has submitted a claim for bilateral medial meniscus tears and tricompartmental arthritis, right greater than left status post bilateral knee arthroscopy with partial medial and lateral meniscectomy and Orthovisic injection associated with an industrial injury date of March 7, 2011. Medical records from 2011-2014 were reviewed showing patient having pain in his bilateral knees grade 8/10 characterized as intermittent, throbbing, constant, dull and aching. The pain is aggravated by walking, standing, and prolonged weight bearing activity. Physical examination showed a labored gait and difficulty standing from a seated position with trace effusion on bilateral knees. There was also noted tenderness on the patellofemoral and medial joint line bilaterally. MRI of the right knee, dated May 31, 2011, showed tear to the body and posterior horn of the medial meniscus, small parameniscal cyst abetting the anterior horn of the medial meniscus, small to moderate joint effusion and degenerative change most prominent to the medial tibiofemoral compartment. MRI of the left knee done in July 11, 2011 showed a tear of the posterior horn and body of the medial meniscus with adjacent cyst formation, distal anterior cruciate ligament (ACL) partial tear versus high-grade sprain and tricompartmental degenerative changes most prominent to the medial tibial femoral compartment. Official report of the imaging studies were not made available. Treatment to date has included medications, physical therapy, home exercise program, activity modification, and Orthovisic injections and surgery on the knees. Utilization review, dated December 27, 2013, denied the request for MED-4 unit with knee garments since the individual modalities were not supported by evidence-based criteria. The request for a weight loss program was denied as well since there is no documentation of failed first line treatments like home exercise and self-imposed dieting.

IMR ISSUES, DECISIONS AND RATIONALES

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

MED-4 UNIT WITH KNEE GARMENTS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TRANSCUTANEOUS ELECTRICAL NERVE STIMULATION.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Neuromuscular Electrical Nerve Stimulation Page(s): 120.

Decision rationale: Per the website of Medical Equipment Device Specialists (MEDS), the MEDS-4 unit combines interferential and NMS/EMS therapies into one unit. According to page 120 of the CA MTUS Chronic Pain Medical Treatment Guidelines, neuromuscular electrical stimulation (NMES) devices are not recommended and are used primarily as part of a rehabilitation program following stroke. Guidelines state that there is no evidence to support its use in chronic pain. In this case, the patient has been on chronic knee pain since his injury in 2011. The documented rationale for this request was to assist the patient in chronic pain syndrome. However, there is no documentation of a rationale identifying why a combined electrotherapy unit would be required. In addition, the details concerning the use of the unit in terms of duration and frequency were not documented. It is likewise unspecified if the device is for rental or purchase. Therefore, the request for MED-4 unit with knee garments is not medically necessary.

WEIGHT LOSS PROGRAM: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Aetna Clinical Policy Bulletin no. 0039 Weight Reduction Medications and Programs

Decision rationale: The CA MTUS does not address weight loss programs specifically. Per the Strength of Evidence hierarchy, established by the California Department of Industrial Relations, Division of Workers' Compensation, the Aetna Clinical Policy Bulletin no. 0039 Weight Reduction Medications and Programs was used instead. Based on Aetna Clinical Policy Bulletin no. 0039, criteria for the usage of weight reduction programs include individuals with a body mass index (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. Patients 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 may be enrolled. In this case, the patient's weight is noted to have a significant contribution in the patient's knee pain having a body mass index of 41.6. The documented rationale was that a weight loss program would provide improvement in his overall pain and functional level, and he may be able to postpone or defer a total knee

arthroplasty in the future. However, there has been no discussion concerning lifestyle modifications the patient has attempted. There were no indications that the patient has other comorbid diseases, which would necessitate a physician supervised weight loss program. Therefore, the request for weight loss program is not medically necessary.