

Case Number:	CM14-0012027		
Date Assigned:	02/21/2014	Date of Injury:	09/11/2008
Decision Date:	08/05/2014	UR Denial Date:	01/07/2014
Priority:	Standard	Application Received:	01/30/2014

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 Physical Medicine & Rehabilitation, 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 63-year-old male who has submitted a claim for subtalar arthritis, subtalar joint deformity with pain, and tight Achilles tendon, status post subtalar fusion, achilles tendon release, and hindfoot fusion (03/11/2013); associated with an industrial injury date of 09/11/2008. The medical records from 07/03/2013 to 01/30/2014 were reviewed and showed that patient complained of constant sharp low back and right knee pain, moderate in severity, due to altered gait. Physical therapy sessions were completed with no benefit to the low back. Physical examination showed calf atrophy, and patient had a slow gait. There was tenderness over the bilateral paravertebral muscles, quadratus lumborum and sacroiliac junction, more on the right than on the left. Straight leg raise test was negative, and Kemp's test was positive on the right. Range of motion of the lumbar spine was limited by pain. The treatment to date has included physical therapy, lorazepam, Norco, Mobic, Voltaren, diclofenac, and ankle surgery as stated above. A utilization review, dated 01/07/2014, denied the request for ten weeks of [REDACTED] weight loss program because guidelines suggest dietary and lifestyle changes for individualized weight loss goals, and denied the request for a recumbent type stationary bike because guidelines do not support its use in the management of overall reconditioning.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ten (10) weeks of [REDACTED] weight lose program (through [REDACTED]) between 12/10/2013 and 4/6/2014: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Snow V., Barry, P. Fitterman, N., Qaseem, A., Weiss, K., Pharmacologic and surgical management of obesity in primary care: a clinical practice guideline from the American College of Physicians. *Annals of Internal Medicine*. 2005 Apr 5; 142(7): 525-31.

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, the criteria for the usage of weight reduction programs and/or weight reduction medications include individuals with a body mass indexes (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 who have failed to lose at least one 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. In this case, the patient's body mass index is 34 kg/m². However, there was no documented rationale for a weight loss program to be necessary. Furthermore, there were no indications that the patient has other comorbid diseases, which would necessitate a physician supervised weight loss program. Therefore, the request for Ten (10) weeks of [REDACTED] weight loss program (through [REDACTED]) between 12/10/2013 and 4/6/2014 is not medically necessary.

One (1) recumbent type stationary bike (through [REDACTED]) between 12/10/2013 and 4/6/2014: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg, Durable Medical Equipment & Exercise Equipment.

Decision rationale: The CA MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines (ODG) was used instead. The ODG states that durable medical equipment (DME) are recommended generally if there is a medical need, and if the device or system meets Medicare's definition of DME. The term DME is defined as equipment which can withstand repeated use (i.e., could normally be rented, and used by successive patients), is primarily and customarily used to serve a medical purpose, generally is not useful to a person in the absence of illness or injury, and is appropriate for use in a patient's home. Exercise equipment is considered not primarily medical in nature. In this case, patient complains of right knee pain with a slow, antalgic gait favoring the left. The use of stationary

bike was prescribed to increase strength to the right knee. However, a stationary bike does not qualify as a DME since exercise equipment are not considered primarily medical in nature. Therefore, the request for one (1) recumbent type stationary bike (through [REDACTED]) between 12/10/2013 and 4/6/2014 is not medically necessary.

Twelve (12) physical therapy sessions (through [REDACTED]) between 12/10/2013 and 4/6/2014: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 369. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Ankle (acute & chronic), physical therapy guidelines.

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

Decision rationale: As stated in the California MTUS Chronic Pain Medical Treatment Guidelines, physical medicine is recommended and that given frequency should be tapered and transition into a self-directed home program. In this case, the medical records submitted for review state that patient has had 24 post-operative physical therapy sessions. However, there is no objective evidence of functional improvement. Moreover, the patient should be well-versed in a home exercise program, having had adequate physical therapy. Lastly, the present request as submitted failed to specify body part to be treated. Therefore, the request for twelve (12) physical therapy sessions (through [REDACTED]) between 12/10/2013 and 4/6/2014 is not medically necessary.