| Case Number: | CM14-0014688 | | |
|---|---|---|---|
| Date Assigned: | 02/28/2014 | Date of Injury: | 07/08/2011 |
| Decision Date: | 06/27/2014 | UR Denial Date: | 01/22/2014 |
| Priority: | Standard | Application Received: | 02/05/2014 |

## 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 and Rehabilitation and is licensed to practice in Nevada. 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 records presented for review indicate this is a 53-year-old female who was injured on July 8, 2011. The involved knee was surgically treated. The progress report indicates there was a flare up of right knee pain and an increase in the low back pain with radicular symptoms. There is an element of depression noted as well. A chondromalacia patella is also noted in this 5'4", 224 pound individual. A course of physical therapy has been completed. The physical examination noted a decrease in lumbar spine range of motion and some sensory changes in the lower extremity in the L4, L5 & S1 dermatomes. The flexion is reported to be 115°. A slight genu varum deformity is reported. A right shoulder arthroscopy has been completed, a right knee arthroscopy (X 2) was also completed and a lumbar radiculopathy is noted associated with anxiety, depression and insomnia. The MRI noted a suggestion of a chondromalacia patella. Maximum medical improvement is noted and an impairment rating was assigned.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**OUTPATIENT VISCOSUPPLEMENTATION TIMES FOUR (4) TO THE RIGHT KNEE:** 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 chapter; Updaated June 5, 2014.

**Decision rationale:** This procedure is not addressed in the MTUS. The parameters noted in the ODG were applied. There needs to be documented sympathetic severe osteoarthritis of the knee that is not amenable to any conservative measures. There are no radiographic reports or physical examination findings demonstrating bony enlargement, bony tenderness, crepitus or difficulty with prolonged standing. Therefore, based on a lack of appropriate clinical data, there is insufficient information presented to support this request. Therefore, the request for Viscosupplementation, four (4) right knee injections is not medically necessary and appropriate.

**MEDICAL SUPERVISED WEIGHT LOSS PROGRAM:** 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 Other Medical Treatment Guideline or Medical Evidence: The Annals of Internal Medicine, Volume 142, pages 1 through 42, January 2005, "Evaluation of Major Commercial Weight Loss Programs.

**Decision rationale:** When considering the date of injury, the injury sustained, and noting that this is a morbidly obese individual, there is a clinical indication for weight loss. However, as outlined in the citation noted above (The Annals of Internal Medicine), all that would be indicated is a single session with a registered dietitian to explain the benefits of a low-fat, low-calorie diet associated with a home exercise protocol. As such, there is no clinical indication for such a supervised weight loss program. Therefore, the request for medical supervised weight loss program is not medically necessary and appropriate.

**PURCHASE OF REPLACEMENT LUMBAR SACRAL ORTHOSIS (LSO) BRACE:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM, CHAPTER 12 LOW BACK COMPLAINTS, 298.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 315.

**Decision rationale:** While it is noted that a previous Lumbar sacral Orthosis (LSO) brace had been dispensed, the guidelines do not support the use of such devices. Moreover, when noting the morbid obesity, the efficacy of such a device is marginalized. There is a lack of support for these devices of both the subacute chronic pain scenario. Therefore, when noting the parameters outlined in the ACOEM guidelines and that there is subjective notation of some improvement, there simply is no clinical data to suggest this device is warranted. Therefore, the request for

purchase of replacement Lumbar Sacral Orthosis (LSO) brace is not medically necessary and appropriate.