

Case Number:	CM14-0150310		
Date Assigned:	09/18/2014	Date of Injury:	08/29/2012
Decision Date:	10/17/2014	UR Denial Date:	08/18/2014
Priority:	Standard	Application Received:	09/16/2014

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 Family Medicine and is licensed to practice in Arizona. 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:

Patient is a 56 year old male with a date of injury on 8/29/2012. Subjective complaints are of medial knee pain that prevents him from sleeping and limits walking. Pain is rated 6-7/10. Physical exam shows patient is 5'8" and weighs 330 pounds. The right knee shows laxity medially with hyperextension. Patient ambulates with a cane. MRI from 11/29/2013 shows medial meniscus tear, MCL strain, and chondromalacia of the medial compartment. Submitted records show patient has had at least 22 visits of physical therapy. Current medications are not documented in the submitted records.

IMR ISSUES, DECISIONS AND RATIONALES

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

REFERRAL TO [REDACTED] **OR** [REDACTED]: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MEDICAL DISABILITY ADVISOR

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: SYSTEMIC REVIEW: AN EVALUATION OF MAJOR COMMERCIALWEIGHT LOSS PROGRAMS. Annals of Internal Medicine, January 4 2005

Decision rationale: CA MTUS and the ODG do not offer recommendations for weight loss programs. Alternate evidenced based guidelines were used to compare the submitted data with guideline criteria. Documentation shows patient is obese at 5'8" and 330 pounds. Medical records do not identify prior home weight loss interventions that had not been successful. While the need for weight loss is identified, submitted records do not indicate prior diet modification, specific weight loss exercise program, or calorie restriction. Therefore, the medical necessity of a weight loss program is not established.

ADDITIONAL PT X 4 RIGHT KNEE (18 FOR THE LIFE OF THE CLAIM): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PHYSICAL MEDICINE.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) KNEE, PHYSICAL THERAPY

Decision rationale: The ODG recommends allowance for fading of treatment frequency (from up to 3 or more visits per week to 1 or less), plus active self-directed home physical therapy. For meniscus tears the recommended physical therapy is 9 sessions over 8 weeks. This patient has already received at least 22 physical therapy sessions. Documentation is not present that indicates specific deficits for which additional formal therapy may be beneficial at this point in the course of treatment. Therefore, the request for 4 additional physical therapy sessions exceeds guideline recommendations, and is not medically necessary.