

Case Number:	CM14-0155251		
Date Assigned:	09/25/2014	Date of Injury:	09/05/2007
Decision Date:	10/27/2014	UR Denial Date:	08/22/2014
Priority:	Standard	Application Received:	09/23/2014

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 Emergency Medicine, 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 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 injured worker is a 41-year-old male who reported an injury on 09/05/2007. The mechanism of injury reportedly occurred when he jumped out of a truck bed. His diagnoses were right knee arthritis, overuse of the left knee, mechanical low back pain and status post right knee arthroscopy. His past treatment included physical therapy, chiropractic treatment, a cane, acupuncture, a weight loss program and diet and medications. His diagnostics included an MR arthrogram of the left knee, electromyography/nerve conduction study and MRIs of the lumbar spine and bilateral knees. His surgeries included right knee surgeries in 2007 and 2010. On 08/12/2014, the injured worker complained of continuous intense pain in the right knee; this was noted to be consistent with advanced arthritis in his right knee. The physical examination revealed medial and lateral joint line tenderness. Range of motion of the knee was from 0 degrees to 110 degrees and the varus stress test was painful. His medication consisted of Flector patches. The treatment plan was for participation in a [REDACTED]. The rationale for the request was to see some reduction in his pain. The Request for Authorization form was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

One participation in a [REDACTED] 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), Diabetes, Lifestyle (diet & exercise) modifications

Decision rationale: Based on the clinical information submitted for review, the request for one participation in a [REDACTED] [REDACTED] is not medically necessary. According to the Official Disability Guidelines, lifestyle modifications to include diet and exercise are recommended as first line interventions and specify that the reduction of obesity and an active lifestyle can have major benefits for injured workers. The injured worker reported intense pain in his right knee, which is related to advanced arthritis in his right knee. The physician noted that he was obese with a BMI of 37.5. It was noted that he was put on a weight loss program and diet; however, there was a lack of details pertaining to any weight loss achieved or any addition to an active lifestyle. In the absence of documentation showing that he had failed to lose weight with a previous weight loss program and diet, the request for participation in a [REDACTED] [REDACTED] is not supported. As such, the request for one participation in [REDACTED] [REDACTED] is not medically necessary.