MAXIMUS Federal Services

Case Number:	CM14-0029900		
Date Assigned:	06/20/2014	Date of Injury:	11/19/2005
Decision Date:	07/17/2014	UR Denial Date:	02/10/2014
Priority:	Standard	Application Received:	03/10/2014

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, has a subspecialty in Pain 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 69 year old female who sustained injury on 11/19/05 when the injured worker tripped and fell hyperextending the left knee. The injured worker had prior left knee arthroplasty revision in December of 2012. The injured worker was being followed for additional surgical intervention including right knee total arthroplasty. Per the 12/16/13 clinical record the injured worker continued to have a valgus deformity in the right knee with associated crepitus. Range of motion was limited on flexion to 90 degrees. The injured worker was utilizing a cane to ambulate. Prior Synvisc injections were noted for the injured worker. The injured worker was starting a weight loss program. Prescribed medications included topical compounded medication containing cyclobenzaprine, anti-inflammatories, tramadol, gabapentin, and omeprazole. The injured worker underwent right total knee arthroplasty in the interval period between 02/14/14 and 04/17/14. As of 04/17/14 the injured worker was utilizing medications including tramadol, Percocet, AppTrim, and Ambien. The injured worker reported benefits from Ambien and Percocet. Physical examination was largely deferred for the right knee due to recent surgical intervention. The injured worker had some tenderness to palpation in the bilateral joint lines of the knees. There was abnormal patellar tracking and positive patellar grind test. The most recent evaluation on 05/16/14 indicated the injured worker was attending post-operative physical therapy regarding the right knee. The injured worker continued to report pain between 4 and 7/10 on the visual analog scale. On physical examination there was loss of range of motion in the right knee at the right knee on flexion to 90 degrees. There was mild weakness at the right quadriceps and hamstring musculature. The injured worker was recommended to continue with physical therapy at this visit. The requested AppTrim #120 was denied by utilization review on unspecified date.

IMR ISSUES, DECISIONS AND RATIONALES

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

AppTrim -D #120: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disabiltiy Guidelines -TWC Pain Procedure SummaryTitle 8, California Code of Regulations.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Medical Food.

Decision rationale: In regards to the use of AppTrim quantity 120, medical necessity has not been established based on the clinical documentation provided for review and current evidence based guideline recommendations. According to Official Disability Guidelines, AppTrim is considered a medical food utilized as an appetite suppressant for obesity management. There was no specific rationale noted in the provided clinical records to support the use of this medical food. There is no documentation regarding a nutritional consult or any indication that weight loss plans or other diets had failed. As such, this request is not medically necessary.