

Case Number:	CM14-0035625		
Date Assigned:	06/23/2014	Date of Injury:	01/02/2013
Decision Date:	08/25/2014	UR Denial Date:	03/13/2014
Priority:	Standard	Application Received:	03/24/2014

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 Orthopedic Surgery 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 injured worker is a 46 year-old individual who was reportedly injured on 1/2/2013. The mechanism of injury is noted as a pushing injury. The most recent progress note dated 2/21/2014, indicates that there are ongoing complaints of right knee pain. The physical examination demonstrated antalgic gait, range of motion lacking 5 extension flexion to 115 in the right knee. The patient had a positive McMurray's test, a positive Apley's test and had medial tenderness. The patient had no instability of the collateral ligaments, and positive anterior drawers, negative posterior drawer, positive posterior medial instability, positive joint swelling, positive medial/lateral joint line tenderness and a positive chondromalacia patella compression test. Diagnostic imaging studies include x-rays of the right knee which reveal an end-stage degenerative joint disease, retained metallic screw in Femur. Previous treatment includes medications, and conservative treatment. A request had been made for therapy 2-3 times a week for 6 weeks; an ultrasound guided Hyalgan injection to the right knee and a medically supervised weight loss program. These requests were not certified in the pre-authorization process on 3/13/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Auqatherapy 2 - 3 x 6 (12 to 18 Sessions) right knee: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) physical therapy.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints, Chronic Pain Treatment Guidelines Page(s): 22.

Decision rationale: Aquatic therapy is recommended as an optional form of exercise therapy, where available, as an alternative to land-based physical therapy. Water exercise improved some components of health-related quality of life, balance, and stair climbing in females with fibromyalgia, but regular exercise and higher intensities may be required to preserve most of these gains. After review of the medical records provided it is noted the injured worker does have a high body mass index, however they are not considered morbidly obese, or have a condition that would prevent them from participating in a land-based physical therapy program. Therefore this request is deemed not medically necessary.

ultrasound guided hyalgen injection right knee: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hyaluronic acid or hylan.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

Decision rationale: American College of Occupational and Environmental Medicine guidelines support viscosupplementation injections for chronic moderate to severe osteoarthritis that has been nonresponsive to noninvasive treatments that include non-steroidal anti-inflammatory drugs, Tylenol, weight loss and exercise strategies. After review of the medical records provided I was unable to determine any documentation supporting failure of conservative therapies. Also the request for an ultrasound guided joint injections are not warranted due to the cost/benefit ratio. Therefore, this request is deemed not medically necessary.

Medically 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 Meta-analysis of the Efficacy of Weight Loss Programs, (Tsai and Wilson, 2005).

Decision rationale: Weight loss is a lifestyle issue that relates to calories consumed in calories expended. Counseling for diet and exercise as well as behavioral therapies are the mainstays of treatment of obesity. Weight loss is not necessarily a medical necessity. Therefore this request is deemed not medically necessary.