

<b>Case Number:</b>	CM14-0070811		
<b>Date Assigned:</b>	07/14/2014	<b>Date of Injury:</b>	09/06/2001
<b>Decision Date:</b>	09/15/2014	<b>UR Denial Date:</b>	05/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/16/2014

### 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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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 57-year-old female who has submitted a claim for obesity, carpal tunnel syndrome, right knee chondromalacia patella, status post right knee surgery, cervical sprain, lumbar sprain, status post left knee total arthroplasty, and right and long trigger finger bilaterally associated with an industrial injury date of 9/6/2001. Medical records from 2011 to 2014 were reviewed. Patient complained of pain at the low back, both knees, upper back, right shoulder, and bilateral wrists and hands, rated 6 to 7/10 in severity. Physical examination showed tenderness of the paralumbar muscles and sacroiliac joints. Range of motion was restricted. Reflexes were intact. Weakness was noted at the right lower extremity muscles. Sensation was diminished over the L5 and S1 dermatomes, right. There was mild sciatic stretch pain bilaterally. Straight leg raise test was positive on the right. Effusion and crepitus were present at both knees. McMurray's test, Drawer's test, Lachman's instability test, and varus-valgus stress test were positive. Anthropometric examination showed that patient's height is 5'4", weight of 322 pounds, and a derived body mass index of 55.3 kg/m<sup>2</sup>. Treatment to date has included right knee surgery, left knee total arthroplasty, 24 sessions of physical therapy, 4 sessions of aquatic therapy, weight loss program, and medication such as Norco, tramadol, gabapentin, and Tizanidine. Patient was likewise prescribed AppTrim-D on 1/14/14 as dietary management for morbid obesity. Utilization review from 5/2/2014 denied the request for [REDACTED] because there was no guideline recommendation concerning its efficacy or safety for weight loss; modified the request for Twelve (12) sessions of Aquatic Therapy into 6 sessions as initial trial with the appropriate going off transitioning patient to independent exercise.

### IMR ISSUES, DECISIONS AND RATIONALES

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

██████████ 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 : Aetna, Clinical Policy Bulletin: Weight Reduction Medications and Programs.

**Decision rationale:** CA MTUS and ODG do not address this issue. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers Compensation, the Aetna Clinical Policy Bulletin on Weight Reduction Medications and Programs, was used instead. It states that weight reduction medications are considered medically necessary for patients who have failed to lose at least one pound per week after at least 6 months on a weight loss regimen that includes a low calorie diet, increased physical activity, and behavioral therapy, and who are obese. In this case, patient has morbid obesity with a body mass index of 55.3 kg/m<sup>2</sup>. Patient was prescribed AppTrim-D on 1/14/2014 as dietary management for morbid obesity. Moreover, progress report from May 2014 cited that she was enrolled in a weight loss program. However, there was no discussion as to why dietary medication had been shifted into ██████████. There was likewise no discussion concerning functional outcomes of previous weight loss program and AppTrim-D intake. The medical necessity cannot be established due to insufficient information. Therefore, the request for ██████████ is not medically necessary.

**Twelve (12) sessions of Aquatic Therapy:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy, Physical Therapy, Physical Medicine Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy Page(s): 22-23.

**Decision rationale:** As stated on pages 22-23 of the California MTUS Chronic Pain Medical Treatment Guidelines, aquatic therapy is recommended as an alternative to land-based physical therapy where reduced weight bearing is desirable such as extreme obesity or fractures of the lower extremity. In this case, patient meets the guidelines criterion for enrollment to aquatic therapy, i.e., morbid obesity. Patient completed 24 sessions of physical therapy and 4 sessions of aquatic therapy. However, functional outcomes from these sessions were not documented. There was likewise no discussion as to why additional sessions should be certified. The requested also failed to specify body part to be treated. Therefore, the request for 12 sessions of aquatic therapy is not medically necessary.

