

Case Number:	CM14-0195416		
Date Assigned:	12/03/2014	Date of Injury:	03/17/2014
Decision Date:	01/16/2015	UR Denial Date:	11/04/2014
Priority:	Standard	Application Received:	11/21/2014

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 Interventional Spine 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 patient is a 61 year old female with an injury date of 03/17/14. Per progress report dated 10/27/14, the patient complains of sharp, shooting and achy pain, rated at 8/10, starting at the knee and radiating all the way to the ankle. A physical examination of the leg reveals bilateral swelling and pitting edema along with pain and poor muscle relaxation. According to progress report dated 10/02/14, the patient presents with pain in the right upper leg with light touch or walking, rated at 7/10. A physical examination of the right knee reveals decreased range of motion, swelling below patella, and mild deformity. There is tenderness in the medial joint and the anterior knee. The patient exhibits decreased range of motion in the left knee. She uses brace, home exercise program, and light duty to manage her pain, as per progress report dated 10/02/14. She has also received acupuncture, physical therapy, and Kenalog injection, as per the same report. Medications include Tylenol #3, Motrin and Tramadol. The patient has also received two cortisone injections, as per progress report dated 09/29/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Weight loss program: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Exercise Page(s): 46-47. Decision based on Non-MTUS Citation Aetna Clinical Policy Bulletin: Weight Reduction Medications and Programs, Number: 0039.

Decision rationale: The patient presents with sharp, shooting and achy pain, rated at 8/10, starting at the knee and radiating all the way to the ankle, as per progress report date 10/27/14. The request is for Weight Loss Program. The patient weight 344 lb. 8 oz. and has a BMI of 48.07 kg/m², as per the same report. The MTUS Guidelines pages 46 and 47 recommend exercise, but states that there is no sufficient evidence to support the recommendation of any particular exercise regimen over any other exercise regimen. There are no discussions regarding weight loss programs in other guidelines such as the ODG or ACOEM. However, [REDACTED] Guidelines allow "up to a combined limit of 26 individual or group visits by any recognized provider for a 12-month period." Physician monitored programs are supported for those with BMI greater than 30, but excludes [REDACTED], or similar programs. In this case, the patient has been diagnosed with severe obesity, as per progress report dated 10/02/14. The physician states that "Aggressive weight loss program will help in long term care of your knees." The physician also states that just 5% reduction in weight can help lessen pain, improve function, and reduce the need for surgery. The physician also wants the patient to lose weight before the total knee replacement surgery. In progress report dated 10/27/14, the physician states that the patient is "participating in WT loss program and 5-6# reduction since starting the program approx." The physician also asks the patient to continue the program. While it is clear that the patient needs to lose weight, the progress reports do not define how long this weight loss program will continue; when the patient will transition to a self-directed program; and what the program entails, whether or not it is physician-based program. An open-ended, poorly defined request such as this is difficult to consider. This request is not medically necessary.

Joint replacement referral: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Independent Medical Examinations and Consultations Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7), page 127

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg (Acute & Chronic) and topic Knee Joint Replacement

Decision rationale: The patient presents with sharp, shooting and achy pain, rated at 8/10, starting at the knee and radiating all the way to the ankle, as per progress report date 10/27/14. The request is for joint replacement referral. The patient weight 344 lb. 8 oz. and has a BMI of 48.07 kg/m². MTUS guidelines are silent on joint replacements. The ODG Guidelines, Chapter Knee & Leg (Acute & Chronic) and topic 'Knee Joint Replacement', specifically discuss joint replacements in obese patients. The Guidelines state that "In balancing risks versus rewards, a BMI threshold of 40 is recommended. Consideration should be given to delaying total joint arthroplasty in a patient with a BMI > 40, especially when associated with other comorbid conditions, such as poorly controlled diabetes or malnutrition. Obese patients (BMI > 30) have

similar satisfaction rates as the non-obese population following total joint arthroplasty; however, as BMI increases over 40, the functional improvement becomes less and/or occurs more gradually and must be tempered with the associated increased complication profile."In this case, the patient has been diagnosed with right knee contusion, as per progress report dated 10/02/14. The physician recommends joint knee replacement and states that the patient "...is scheduled for consultation with a joint replacement surgeon on 10/09/14." While the patient does not appear to be a candidate for knee replacement due to morbid obesity at this time, a consultation with the surgeon is reasonable for an evaluation and surgical planning. The request is medically necessary.