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| <b>Case Number:</b>   | CM14-0196984 |                              |            |
| <b>Date Assigned:</b> | 12/05/2014   | <b>Date of Injury:</b>       | 05/31/2009 |
| <b>Decision Date:</b> | 01/16/2015   | <b>UR Denial Date:</b>       | 11/13/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 11/24/2014 |

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine, Spinal Cord Medicine and is licensed to practice in Massachusetts. 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 claimant is a 42-year-old male who has a history of a work injury occurring on 05/31/09 when, while working as a cable installer, he was he was climbing stairs and his left foot slipped. He struck his left knee and had pain and swelling. He underwent surgery in August 2009 and had postoperative physical therapy. He then developed right knee pain in February 2010. Treatments included Synvisc injections. When seen on 09/20/10 the claimant felt that the series of injections hadn't worked. In January 2012 he underwent a right knee medial meniscectomy. He was seen by the requesting provider on 08/20/12. He was having persistent left knee pain. He was occasionally using a wheelchair and able to walk less than one block. He was also having frequent right knee pain. He was having moderate low back pain. Physical examination findings included ambulating with a cane. He had bilateral medial knee joint line tenderness. There was normal and pain-free range of motion. Imaging results had shown degenerative joint disease bilaterally. Authorization for Synvisc injections was requested. There was consideration of knee replacement surgery. On 03/13/13 he was having difficulty walking. He had right knee swelling. There was a joint effusion which was aspirated. A cortisone injection was administered. Physical examination findings referenced include a height of 5 feet, 9.5 inches and weighs 315 pounds which corresponds to a BMI of 45.2 and a diagnosis of morbid obesity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Orthovisc injections; left 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, Knee and Leg

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hyaluronic acid injections

**Decision rationale:** The claimant is more than 5 years status post work-related injury and continues to be treated for chronic bilateral knee pain. He is morbidly obese and not likely considered a candidate for a knee replacement due to his weight and age. Hyaluronic acid injections are recommended as a possible option for severe osteoarthritis for patients who have not responded adequately to recommended conservative treatments to potentially delay total knee replacement. A repeat series of injections can be considered if there is a documented significant improvement in symptoms for 6 months or more and the symptoms recur. In this case, the claimant had no apparent improvement after a previous series of injections and therefore a repeat series is not medically necessary.

**Weight loss program:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medical Disability Advisor

**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: (1) Tsai AG, Wadden TA. Systematic review: An evaluation of major commercial weight loss programs in the United States. *Ann Intern Med.* 2005;142 (2) Wadden TA, Berkowitz RI, Womble LG, et al. Randomized trial of lifestyle modification and pharmacotherapy for obesity. *N Engl J Med.* 2005;353 (20):2111-2120

**Decision rationale:** The claimant is more than 5 years status post work-related injury and continues to be treated for chronic bilateral knee pain. He is morbidly obese and not likely considered a candidate for a knee replacement due to his weight and age. In terms of weight loss, controlled trials are needed to determine the amount of weight lost and health benefit associated with weight loss programs. In this case, there is no evidence that the claimant has failed a non supervised weight loss program including a low calorie diet and increased physical activity, which might include a trial of pool therapy. Therefore, the requested weight loss program is not medically necessary.