

Case Number:	CM14-0207115		
Date Assigned:	12/19/2014	Date of Injury:	08/30/1999
Decision Date:	03/06/2015	UR Denial Date:	12/02/2014
Priority:	Standard	Application Received:	12/10/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 51 year old female with an injury date on 08/30/1999. Based on the 11/20/2014 progress report provided by the treating physician, the diagnoses are:1. History of right and left knee replacement, stable doing well with aquatic therapy.2. Right ankle sprain with early arthritis of the calcaneocuboid joint, slowly improving with physical therapy. According to this report, the patient presents with ankle pain that has "improved by 60%" with physical therapy and pain in the "knees are stable." Examination of "both knees is unchanged" with good motion and good stability. The ankle shows vague discomfort. Treatment to date includes physical therapy and aquatic therapy. The treatment plan is to continue with physical therapy for the right ankle and knees and go to [REDACTED] for 10 weeks. The patient's work status is "temporarily disabled." The 10/09/2014 report indicates the patient fell two days ago and pain is noted near the lateral ankle and lateral calf. Mild tenderness is noted at the left distal fibula and lateral calf. The treating physician states "X-ray of the left ankle was taken as a precaution. There is no fracture." The x-ray report was not included in the file for review. The utilization review denied the request for 12 aquatic therapy sessions and [REDACTED] (in weeks) on 12/02/2014 based on the MTUS/ODG guidelines. The requesting physician provided treatment reports from 04/24/2014 to 11/20/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 visits physical therapy, 3x4 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: This patient is status post total knee replacement of the right knee in 2007 and left knee in 2012. This patient presents with ankle pain that has "improved by 60%" with physical therapy and the patient's pain in the "knees are stable." The current request is for 12 visits physical therapy, 3x4 weeks. For physical medicine, the MTUS Guidelines page 98 and 99 recommends for myalgia, myositis, neuralgia-type symptoms, 9 to 10 sessions over 8 weeks. The treating physician states that the patient has shown improvement with prior physical therapy and recommends continuing with sessions. Review of the medical file indicates that that the patient has participated in 20 physical therapy sessions between 7/7/14 and 11/3/14. Although there is documentation of improvement with physical therapy, the treating physician does not discuss why the patient would not be able to transition into a self-directed home exercise program. There is no report of new injury, new surgery or new diagnosis that could substantiate the current. Furthermore, the requested 12 sessions exceed what is allowed by the MTUS. Therefore, the current request is not medically necessary.

Aquatic Therapy QTY: 12.00: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 13-14, Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy and Physical Medicine Page(s): 22 and 98-99.

Decision rationale: According to the 11/20/2014 report, this patient presents with ankle pain that has "improved by 60%" with physical therapy and pain in the "knees are stable." The current request is for Aquatic therapy Qty: 12. Regarding aquatic therapy, MTUS guidelines recommend it where reduced weight bearing is desirable, for example extreme obesity. MTUS refers readers to the Physical Medicine section for the recommendations on the number of sessions. The MTUS physical medicine section states that 8-10 sessions of physical therapy are indicated for various myalgias and neuralgias. In reviewing the provided reports, patient's weight 218 pounds and is 5ft-4in tall with a BMI of 37.42; classify as obese class 2. The treating physician states the patient "is doing Aquatic therapy." The number of sessions completed and time frame of prior aquatic therapy is unknown. In this case the treating physician provided no therapy reports. There is no discussion as to why weight reduced exercise is desired and the reasons for requested additional therapy. There is no discussion as to why the patient cannot tolerate land-based therapy. Furthermore, the requested 12 sessions exceed what is allowed by the MTUS. Therefore, the current request is not medically necessary.

██████████ (in weeks): 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), Diabetes (Type 1, 2 and Gastrointestinal) Lifestyle (diet and exercise) modifications

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Aetna: Clinical Policy Bulletin: Weight Reduction Medications and Programs: Number: 0039

Decision rationale: According to the 11/20/2014 report, this patient presents with ankle pain that has "improved by 60%" with physical therapy and pain in the "knees are stable." The current request is for ██████████ (in weeks) "a personalized weight management system that delivers rapid, safe results" and "incorporates a sensible eating plan that features a variety of delicious, real foods found in grocery stores and restaurants." Regarding weight loss programs, MTUS and ODG Guidelines do not provide a discussion. ██████████ guidelines are used which considers weight reduction medically necessary and states "considered medically necessary for weight reduction counseling in adults who are obese (as defined by BMI 30 kg/m²)." ██████████ allows for medically supervised programs only and no other programs such as exercise programs or use of exercise equipment, Rice diet or other special diet supplements (e.g., amino acid supplements, Optifast liquid protein meals, NutriSystem pre-packaged foods, or phytotherapy), Weight Watchers, Jenny Craig, Diet Center, Zone diet, or similar programs. In reviewing the provided reports, the patient has a BMI of 37.42; classify as obese class 2. ██████████ guidelines supported weight loss program "in adults who are obese (as defined by BMI 30 kg/m²)" in a "medically supervised programs only" and not other programs such as special diet supplements. The requested ██████████ a non- medical supervised programs is not supported by ██████████ guidelines. Therefore, the current request is not medically necessary.