

Case Number:	CM14-0072559		
Date Assigned:	07/16/2014	Date of Injury:	09/27/2010
Decision Date:	05/12/2015	UR Denial Date:	05/07/2014
Priority:	Standard	Application Received:	05/19/2014

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 injured worker is a 46-year-old female who reported injury on 09/27/2010. The mechanism of injury was a slip and fall. The injured worker underwent an MR arthrogram of the right knee on 09/07/2012 which revealed chondromalacia patella, linear mucoid degeneration with the body of the medial meniscus no visualized tear, tricompartmental osteoarthritis and no other significant findings noted. The injured worker underwent an MRI of the left knee arthrogram on 09/07/2012 which revealed an oblique tear of the body of the medial meniscus, chondromalacia patella, tricompartmental osteoarthritis and no other significant findings. Prior therapy included physical therapy, medications and topical creams. The documentation of 02/12/2014 revealed the injured worker had started a weight reduction program and pain had not improved. The injured worker was noted to have lost 24 pounds. The injured worker was complaining of stiffness and soreness in her back and noted her right knee was okay. Physical examination revealed decreased range of motion, revealed 5/5 strength in the upper extremities and sensation was intact to light touch and 2 point discrimination at C5 through T1. The examination of the lumbar spine revealed decreased range of motion. The injured worker had 1+ spasms in the paraspinals from L3 through the posterior iliac crest bilaterally right greater than left. Sensation was intact to light touch and 2 point discrimination in the L3 through S1 dermatomes. The right knee range of motion was within normal limits and there was no effusion. The injured worker did not have excessive varus or valgus alignment. There was no patellar crepitation or patellar instability and no tenderness around the patellofemoral joint. All objective testing was negative. The injured worker was noted to have a healed arthroscopic portal of the right knee. No x-rays

were taken. The diagnoses included sprain and strain of the lumbosacral spine with continuing chronic low back pain and right sided non verifiable sciatic radiculopathy, industrial aggravation of a previous nonindustrial right knee arthroscopic surgery and post-traumatic tricompartmental moderate osteoarthritis, morbid obesity, and previous nonindustrial degenerative lumbar disc disease. The treatment plan included tramadol 50 mg 1 by mouth q 6 hours as needed #100 and 4 refills and omeprazole 40 mg 1 by mouth q day. The documentation of 04/15/2014 revealed the injured worker's current weight was 305 pounds. The injured worker indicated she had some decrease in the right knee pain. The back pain had not changed. The BMI was noted to be 46.42. The injured worker's physical examination remained the same. Treatment plan included 10 more weeks of current weight loss program to achieve 275 pounds.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional 10 weeks of [REDACTED] weight program: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Diabetes Chapter, Lifestyle (diet & exercise) modifications.

Decision rationale: The Official Disability Guidelines indicate that lifestyle including diet and exercise modifications are recommended as a first line intervention. The documentation indicated the injured worker had lost 24 pounds with the [REDACTED] program. However, there was a lack of documentation indicating the injured worker was actively involved in a dieting, including calorie counting and an exercise program. The documentation indicated the injured worker had a goal. However, the rationale as to how the injured worker's weight loss would affect her medical care was not provided. Given the above, the request for additional 10 weeks of [REDACTED] Weight Program is not medically necessary.