

Case Number:	CM15-0101241		
Date Assigned:	06/03/2015	Date of Injury:	07/21/2010
Decision Date:	07/08/2015	UR Denial Date:	05/11/2015
Priority:	Standard	Application Received:	05/26/2015

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 52-year-old female injured worker suffered an industrial injury on 07/21/2010. The diagnoses included right ankle contusion, chondromalacia of patellofemoral joint and low back strain. The diagnostics included lower extremity electromyographic studies, x-rays of the right knee, left knee, lumbar and right/left knee magnetic resonance imaging. On 11/8/2015 the treating provider reported right knee pain that was constant and radiated down into the right ankle/foot and the right thigh. There was a popping sensation in the right knee. She wore a brace as the knee felt weak and unstable with swelling. The left knee/leg pain was on and off and radiated to the left leg along with feeling unstable. The right ankle had pain with swelling every night along with feeling weak. The low back had mild pain radiating down the right lower extremity that are increasing. The treatment plan included Weight management program and Pain management evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Weight management program (Knee): 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 website http://www.aetna.com/cpb/medical/data/1_99/0039.html.

Decision rationale: The patient was injured on 07/21/10 and presents with right knee pain which radiates down into the right ankle/foot and the right thigh, left knee/leg which radiates to the left leg, right ankle pain with swelling, and mild low back pain with radiation down the right lower extremity. The request is for a WEIGHT MANAGEMENT PROGRAM (KNEE). There is no RFA provided and the patient is on modified work basis with work restrictions. The report with the request is not provided. MTUS Guidelines page 46 and 47 recommends 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 ODG or ACOEM. Therefore AETNA website http://www.aetna.com/cpb/medical/data/1_99/0039.html was referenced: AETNA 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)." AETNA allows for medically supervised programs only and not 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), [REDACTED], [REDACTED], [REDACTED], [REDACTED], or similar programs. The reason for the request is not provided. The patient is diagnosed with right ankle contusion, chondromalacia of patellofemoral joint, and low back strain. There is no discussion provided regarding why the patient may need this weight loss program and the progress reports do not define the weight loss goals, nor do they reveal any steps taken by the patient to achieve those goals. Furthermore, the reports do not document trialed and failed caloric restrictions or physical activity restrictions. Therefore, the requested weight management program IS NOT medically necessary.

Pain management evaluation, Back: 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 ACOEM Practice Guidelines, 2nd Edition (2004), Independent medical examination and consultations. Ch:7 page 127.

Decision rationale: The patient was injured on 07/21/10 and presents with right knee pain which radiates down into the right ankle/foot and the right thigh, left knee/leg which radiates to the left leg, right ankle pain with swelling, and mild low back pain with radiation down the right lower extremity. The request is for a PAIN MANAGEMENT EVALUATION, BACK. There is no RFA provided and the patient is on modified work basis with work restrictions. The report with the request is not provided. There is only one progress report provided from 11/08/14. ACOEM Practice Guidelines Second Edition (2004) chapter 7 independent medical examination and consultations page 127 states, "The occupational health practitioner may refer to other specialists

if the diagnosis is not certain or extremely complex, when psychosocial factors are present, and the plan or course of care may benefit from additional expertise." MTUS page 8 also requires that the treater provides monitoring of the patient's progress and makes appropriate recommendations. The reason for the request is not provided. The patient is diagnosed with right ankle contusion, chondromalacia of patellofemoral joint, and low back strain. There are no recent progress reports provided to indicate which medications the patient is taking. Therefore, the requested pain management evaluation IS NOT medically necessary.