

<b>Case Number:</b>	CM15-0107438		
<b>Date Assigned:</b>	06/11/2015	<b>Date of Injury:</b>	02/26/2014
<b>Decision Date:</b>	07/13/2015	<b>UR Denial Date:</b>	05/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/03/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 53 year old female, who sustained an industrial injury on 2/26/14. She reported initial complaints of a fall on bilateral knees/lower leg pain and contusions. The injured worker was diagnosed as having left knee lateral meniscus tear, chondromalacia, osteochondral defect/mild effusion; status post left knee arthroscopy with debridement/drilling. Treatment to date has included status post left knee arthroscopy, partial lateral menisectomy, chondroplasty left knee (10/7/14). Diagnostics included MRI left knee without contrast (4/1/14). Currently, the PR-2 notes dated 5/4/15 indicated the injured worker returns for a follow-up evaluation for her left knee. She is still complaining of a lot of pain in the knee with limiting activity. The pain level is noted at 6/10. The injured worker is a status post left knee arthroscopy, partial lateral menisectomy, chondroplasty left knee of 10/7/14. She also complains of a 50-60 pound weight gain during the course of her injury due to inactivity and inability to exercise from her symptoms. Physical examination of the left knee shows mild effusion and tenderness to palpation diffusely over the left knee joint. She has slight laxity with stress testing and pain on flexion beyond 90 degrees. Pain with grind test, McMurray's test and negative Homans. The distal neurovascular is intact. The provider is requesting authorization of home help care one to two times per week and weight loss program.

### 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:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (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 sustained a work injury in February 2014 and underwent arthroscopic knee surgery in October 2014 including a partial meniscectomy. The claimant has home access to a pool and performs an exercise program. When seen, there had been a 50-60 pound weight gain since injury. There was diffuse knee tenderness and slight laxity. McMurray's and patellar grind tests were positive. There was pain with flexion of more than 90. 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 should include ongoing pool exercises. Therefore, the requested weight loss program is not medically necessary.

**Home help care one to two times a week: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM - <https://www.acoempracguides.org/Chronic Pain>.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Home health services.

**Decision rationale:** The claimant sustained a work injury in February 2014 and underwent arthroscopic knee surgery in October 2014 including a partial meniscectomy. The claimant has home access to a pool and performs an exercise program. When seen, there had been a 50-60 pound weight gain since injury. There was diffuse knee tenderness and slight laxity. McMurray's and patellar grind tests were positive. There was pain with flexion of more than 90. Home health services are recommended only for necessary medical treatments for patients who are homebound and unable to perform treatments without assistance. In this case, the claimant has been able to attend outpatient follow-up appointments and is able to exercise independently at home. Her surgery was more than 6 months ago. Therefore, the request for home health care services is not medically necessary.