

Case Number:	CM15-0144386		
Date Assigned:	08/05/2015	Date of Injury:	10/16/2008
Decision Date:	09/11/2015	UR Denial Date:	06/25/2015
Priority:	Standard	Application Received:	07/24/2015

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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 52 year old female, who sustained an industrial injury on 10-16-08. Initial complaints were not reviewed. The injured worker was diagnosed as having multiligamentous strain of the lumbar spine; right knee severe osteoarthritis - status post total knee replacement with weakness and painful joint replacement implant; left knee severe osteoarthritis. Treatment to date has included physical therapy; medications. Diagnostics studies included MRI left knee (2-26-12). Currently, the PR-2 notes dated 6-8-15 indicated the injured worker presents for a re- evaluation concerning her painful condition of low back and bilateral knees. She continues to complain of significant pain and swelling to her bilateral knees more significant in the left. She reports the left knee gives way on her frequently and is not stable. She continues with pain and spam in the low back that is constant. She has weakness and pain running down her lower extremities. She reports an increase in anxiety secondary to her chronic pain. She is going to have a total knee replacement of her right knee but needs to lose weight prior to having the surgery. On physical examination, the provider documents lumbar spine with spasms over the lower lumbar area with tenderness on palpation and complains of pain on range of motion. Her bilateral knees reveal well-healed surgical incision sites bilaterally with moderate effusion on the left. There is tenderness on palpation about the medial and lateral patellofemoral joint lines bilaterally. The provider is recommending a weight loss program to avoid surgical procedures for a right knee total revision and be able to proceed with the left total knee replacement. Also would like a referral consultation with specialist for second opinion regarding left total knee replacement, and a pain management consult. The provider is requesting authorization of weight loss program and bilateral knee braces.

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 ACOEM Chapter 5 Cornerstones of Disability Prevention and Management.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) National Guidelines for weight loss Agency for Healthcare Quality Research 2010 Feb. p.96 Obesity National Guidelines.

Decision rationale: According to the guidelines, the initial goal of weight loss therapy is to reduce body weight by approximately 10 percent from baseline. Weight loss at the rate of 1 to 2 lb/week (calorie deficit of 500 to 1,000 kcal/day) commonly occurs for up to 6 months. After 6 months, the rate of weight loss usually declines and weight plateaus because of a lesser energy expenditure at the lower weight. After 6 months of weight loss treatment, efforts to maintain weight loss should be put in place. If more weight loss is needed, another attempt at weight reduction can be made. This will require further adjustment of the diet and physical activity prescriptions. For patients unable to achieve significant weight reduction, prevention of further weight gain is an important goal; such patients may also need to participate in a weight management program. In this case, there is no indication of calorie reduction, exercise or other behavioral interventions. There is no indication of failure or regaining of weight after prior attempts to lose weight. Current weight is unknown. Therefore, the request for a weight management program is not medically necessary.

Bilateral knee braces: 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.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 403.

Decision rationale: According to the guidelines, knee bracing is optional for part of a rehab program. Prophylactic bracing is not recommended. In this case, a concurrent therapy program was not requested. Length of use was not provided. The request was not justified and is not medically necessary.