

Case Number:	CM15-0180839		
Date Assigned:	09/22/2015	Date of Injury:	01/24/2013
Decision Date:	10/27/2015	UR Denial Date:	08/19/2015
Priority:	Standard	Application Received:	09/14/2015

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: New York, West Virginia, Pennsylvania
 Certification(s)/Specialty: Emergency Medicine

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 43 year old female, who sustained an industrial-work injury on 1-24-13. She reported initial complaints of pain to ankle, shoulder, back, and both knees. The injured worker was diagnosed as having right ankle instability, complete lateral ligament rupture, bilateral knee sprain-strain with possible internal derangement, lumbar spine sprain-strain, anxiety, depression, sleep apnea, insomnia, and exogenous obesity. Treatment to date has included medication, diagnostics, surgery (right ankle reconstruction for lateral instability with application of short leg cast on 11-22-14 and arthroscopy of left knee on 2013). Currently, the injured worker complains of increased pain in left knee and right ankle. She noted some swelling to the left knee. Pain was rated at a 9 in the knee and an 8 out of 10 in the right ankle. There is also anxiety and depression along with insomnia. Per the primary physician's progress report (PR-2) on 4-17-15, weight was listed as 303 lbs. On 6-26-15, weight was listed at 313. Exam of the right ankle noted decreased range of motion with tenderness to the plantar fascial attachment to the calcaneus, tenderness to the Achilles tendon attachment to the calcaneus, and medial and lateral joint line tenderness. Left knee has limited range of motion, positive McMurray's test and medial joint line tenderness on the left, and positive left chondromalacia patellar compression test. Current plan of care includes recommend total left knee replacement, medication refill, physiotherapy, and follow up. The Request for Authorization requested service to include [REDACTED] or [REDACTED] program x3 months. The Utilization Review on 8-19-15 modified-denied the request to [REDACTED] [REDACTED] program x 2 months due to having supportive evidence per CA MTUS (California Medical Treatment Utilization Schedule) Guidelines and Official Disability Guidelines (ODG); Ann Intern Med. 2005 Jan 4;142 (1): 56-66. Systemic review: an evaluation of major commercial weight loss programs in the United States.

IMR ISSUES, DECISIONS AND RATIONALES

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

██████ or ██████ ██████ program x3 months: 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); Ann Intern Med. 2005 Jan 4; 142 (1): 56-66. Systemic review: an evaluation of major commercial weight loss programs in the United States.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Functional restoration programs (FRPs).

Decision rationale: Guidelines state functional restoration aims to minimize the residual complaints resulting from medical conditions. Independent self-management is the long-term goal of all functional restoration. In this case, there is no documentation of a failure to respond to previous attempts at weight loss. There is no documentation of the patient's current BMI. The request for 6 weeks of ██████ ██████ is not medically necessary and appropriate.