

Case Number:	CM15-0186416		
Date Assigned:	09/28/2015	Date of Injury:	05/02/2013
Decision Date:	11/03/2015	UR Denial Date:	09/02/2015
Priority:	Standard	Application Received:	09/22/2015

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: North Carolina

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 50-year-old male who sustained an industrial injury on 5-2-13. A review of the medical records indicates he is undergoing treatment for old bucket handle of the medical meniscus of the right knee. He is postoperative arthroscopic surgery. Medical records (6-2-15 to 8-26-15) indicate complaints of right knee pain that increases with walking. He also complains of "popping and clicking" of the right knee (7-28-15). He rates the pain "6-7 out of 10" (7-28-15). The physical exam (8-26-15) reveals joint pain, muscle spasm, and gait abnormality. The progress note indicates he is having difficulty sleeping. The provider notes, "Diffuse swelling". Range of motion is noted to be "140-0" on the right and "145-0" on the left. Motor strength is "4 out of 5" in the right knee with flexion and extension. The injured worker's body mass index is noted to be 48. Diagnostic studies have included an MR arthrogram on 7-15-15 of the right knee. Treatment has included postoperative therapy, a home exercise program, and bracing of the knee. The records indicate that he is "permanent and stationary", but also that he is "working" (8-26-15). The treating provider provided a prescription for Anaprox and requested authorization of a medial unloader brace, a Bionicare system, and 10 weeks of [REDACTED] weight loss program. The treating provider also indicates that he is discharged from care, as he is "not interested in further invasive treatment at this time". The request for authorization (8-26-15) includes a "medical" unloader brace, Bionicare system, and 10 weeks of [REDACTED] weight loss program. The utilization review (9-2-15) indicates denial of all requested treatments.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medical Unloader Brace: 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) <http://www.odg-twc.com/odgtwc/knee.htm>.

MAXIMUS guideline: Decision based on MTUS Knee Complaints 2004, Section(s): Initial Care.

Decision rationale: Per the ACOEM chapter on knee complaints, table 13-3 list the following as optional treatment measures for different knee injuries: Cruciate ligament tear: crutches, knee immobilizer and quadriceps/hamstring strengthening Meniscus tears: quadriceps strengthening, partial weight bearing, knee immobilizer as needed Patellofemoral syndrome: knee sleeve, quadriceps strengthening and avoidance of knee flexion The patient does have the diagnoses of meniscal tear and ACL tear and knee sprain/strain. The patient does not have the diagnoses of patellofemoral syndrome. Per the ACOEM, knee braces are only recommended as a treatment option for patellofemoral syndrome. Therefore, the request does not meet guideline recommendations and is not medically necessary.

Bionicare System: 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) Knee & Leg, updated 5/5/2015: Bionicare knee device.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) knee, bionicare.

Decision rationale: The ACOEM and the California MTUS does not address the requested service. The ODG states that the requested service is indicated only in patients with osteoarthritis of the knee where total knee arthroplasty may be considered. The provided medical records do not show the patient to be a candidate for TKA and therefore the request is not medically necessary.

Weight Loss Program for ten weeks: 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 NIH, weight loss programs.

Decision rationale: The California MTUS, the ACOEM and the ODG do not specifically address the requested service. PER the NIH recommendations, weight loss should be considered to: 1. Lower blood pressure. 2. Lower elevated levels of total cholesterol, LDL and triglycerides. 3. Lower elevated levels of blood glucose levels. 4. Use BMI to estimate relative risk of disease. 5. Follow BMI during weight loss. 6. Measurement of waist circumference. 7. Initial goal should be to reduce body weight by 10%. 8. Weight loss should be 1-2 pounds per week for an

initial period of 6 months. 9. Low calorie diet with reduction of fats is recommended. 10. An individual diet that is helped to create a deficit of 500-1000 kcal/day should be used. 11. Physical activity should be part of any weight loss program. 12. Behavioral therapy is a useful adjunct when incorporated into treatment. While weight loss is indicated in the treatment of both obesity and chronic pain exacerbated by obesity, there are no details given about the neither recommended program nor documentation of previous weight loss attempts/activities. Therefore, there is no way to see if the requested program meets NIH standards. Therefore, the request is not medically necessary.