

Case Number:	CM15-0189685		
Date Assigned:	10/01/2015	Date of Injury:	06/25/2008
Decision Date:	11/12/2015	UR Denial Date:	09/01/2015
Priority:	Standard	Application Received:	09/25/2015

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: Preventive Medicine, Occupational 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 58 year old male who sustained an industrial injury on 6-25-2008. A review of medical record indicated the injured worker is being treated for degenerative arthritis of the right knee on an industrial basis. Medical records dated 7-23-2015 noted progressive right knee pain. Physical examination noted tenderness about his right knee with a positive McMurray's sign. Treatment has included physical therapy, cortisone injections, icing, bracing, topical medications, and oral medications. MRI scan of the right knee dated 12-2014 revealed a large medial meniscus tear. Utilization review form dated 9-1-2015 noncertified body composition study.

IMR ISSUES, DECISIONS AND RATIONALES

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

Body Composition Study: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation

[http://www.heart.org/HEARTORG/GettinHealthy/NutritionCenter/HealthyEating/Body-Composition-Tests_UCM_305_883_Article/jsp](http://www.heart.org/HEARTORG/GettinHealthy/NutritionCenter/HealthyEating/Body-Composition-Tests_UCM_305_883_Article.jsp).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation The official positions of the International Society for Clinical Densitometry: indications of use and reporting of DXA for body composition. National Guideline Clearinghouse (NGC), Rockville MD, Agency for Healthcare Research and Quality (AHRQ).

Decision rationale: The MTUS Guidelines and ODG do not address the use of body composition study. A search of the National Guideline Clearinghouse provided information regarding the use of body composition study. The injured worker is noted to be obese, but no other indication is provided by the requesting provider. The International Society for Clinical Densitometry has not agreed on a position for using DXA for body composition for obesity. There is no rationale provided why body composition study would be medically necessary for this injured worker. The request for Body Composition Study is determined to not be medically necessary.