

Case Number:	CM15-0203426		
Date Assigned:	10/20/2015	Date of Injury:	03/05/2014
Decision Date:	12/07/2015	UR Denial Date:	09/14/2015
Priority:	Standard	Application Received:	10/15/2015

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: Physical Medicine & Rehabilitation

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 25 year old female, who sustained an industrial injury on 3-5-14. The injured worker was diagnosed as having left knee chondromalacia; left knee internal derangement; left knee sprain-strain. Treatment to date has included status post left knee surgery; physical therapy; medications. Currently, the PR-2 notes dated 8-27-15 indicated the injured worker presented in the office for an initial evaluation and treatment. She reports that on 10-14-14 she underwent a left knee surgery and post-operatively has 12 sessions of physical therapy and underwent a second MRI that revealed abnormalities. She has not received any further treatment. She is working at this time. The provider documents the patient complains of continuous left knee pain and increases with prolonged walking, standing, flexing, extending, ascending, descending, stairs, squatting, stooping with episodes of giving way. The patient rates her pain as 7 on a scale of 1 to 10, 1 being the lowest level of pain and 10 the maximum level of pain. Motor strength is 5- out of 5, left quad deep tendon reflexes are normal and equal bilaterally at 2 out of 2. She has a mild antalgic gait with a mild limp. There is tenderness to palpation of the anterior knee with muscle spasm. McMurray's is positive, Valgus and Varus is negative. Anterior and posterior drawer are negative. The treatment plan included a request for authorization of topical creams for the left knee pain and a 30-day trial for [REDACTED] and chiropractic Physio therapy. A Request for Authorization is dated 10-15-15. A Utilization Review letter is dated 9-14-15 and non-certification for [REDACTED] trial. A request for authorization has been received for [REDACTED] trial.

IMR ISSUES, DECISIONS AND RATIONALES

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

██████████ **trial:** 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 and Leg (update 07/10/15), Gym memberships.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Exercise. Decision based on Non-MTUS Citation Aetna guidelines www.aetna.com/cpb/medical/data/1_99/0039.html.

Decision rationale: The patient was injured on 03/05/14 and presents with left knee pain. The request is for a ██████████ trial for 30 days due to weight gain from industrial injury. There is no RFA provided and the patient is currently working. MTUS Guidelines, Exercise section, pages 46-47 states the following: "Recommended. There is strong evidence that exercise programs, including aerobic conditioning and strengthening, are superior to treatment programs that do not include exercise. There is no sufficient evidence to support the recommendation of any particular exercise regimen over any other exercise regimen. A therapeutic exercise program should be initiated at the start of any treatment or rehabilitation program, unless exercise is contraindicated." Aetna guidelines (www.aetna.com/cpb/medical/data/1_99/0039.html) were also referenced: Aetna guidelines consider weight reduction medically necessary and states "considered medically necessary for weight reduction counseling in adults who are obese (as defined by BMI 30 kg/m²)." Aetna allows for medically supervised programs only and not other programs such as exercise programs or use of exercise equipment, Rice diet or other special diet supplements (e.g., amino acid supplements, ██████████ liquid protein meals, ██████████ pre-packaged foods, or phytotherapy), ██████████, ██████████, ██████████, ██████████, or similar programs. The patient is diagnosed with left knee chondromalacia, left knee internal derangement, and left knee sprain-strain. Treatment to date has included status post left knee surgery, physical therapy, and medications. The treater is requesting for a ██████████ trial for 30 days due to weight gain from industrial injury. Physician-monitored programs are supported for those with BMI greater than 30 and in this case, with a height of 5-5 and weight of 256.8, the patient has a BMI of 43.76. There is no discussion in MTUS or ODG regarding weight loss programs. However, Aetna guidelines allow for medically supervised programs only and not other programs such as ██████████. The request is not medically necessary.