

Case Number:	CM15-0214320		
Date Assigned:	11/04/2015	Date of Injury:	01/18/2013
Decision Date:	12/18/2015	UR Denial Date:	10/07/2015
Priority:	Standard	Application Received:	10/30/2015

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:

This 65-year-old woman sustained an industrial injury on 1-18-2013. Diagnoses include right shoulder impingement syndrome, right shoulder pain, right shoulder sprain-strain, status post right shoulder surgery, right knee pain, right knee sprain-strain, and status post right knee surgery. Treatment has included oral medications, acupuncture, and physical therapy. Physician notes on a PR-2 dated 9-25-2015 show complaints of right shoulder pain rated 7 out of 10 with radiation to the upper arm and right knee pain rated 6 out of 10. The physical examination shows decreased and painful range of motion of the right shoulder and knee. Recommendations include [REDACTED] weight loss program and follow up in five weeks. Utilization Review modified a request for [REDACTED] or [REDACTED] participation on 10-7-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

[REDACTED] or [REDACTED] **Participation:** Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation WebMD, Commercial Weight Loss Programs.

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

Decision rationale: Based on the 9/25/15 progress report provided by the treating physician, this patient presents with activity-dependent, moderate right shoulder pain radiating to the upper arm rated 7/10, and moderate right knee pain/cramping rated 6/10. The treater has asked for [REDACTED] or [REDACTED] participation on 9/25/15. The request for authorization was not included in provided reports. The right shoulder pain is associated with prolonged squeezing/pushing/pulling repetitively, and the right knee is associated with prolonged standing/walking, increased swelling with walking, and has given way since last office visit per 9/25/15 report. The patient is s/p unspecified right shoulder surgery of unspecified date, and s/p right knee arthroscopy of unspecified date per review of reports. The patient is currently using a right knee brace, which is too small per 8/28/15 report. The patient's work status is not included in the provided documentation. MTUS Guidelines, Exercise section, pages 46-47 states the following: "Recommended. There is strong evidence that exercise programs, including aerobic conditioning and strengthening, is 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 Clinical Policy Bulletin Number 0039 entitled "Weight Reduction Medications and Programs" (www.aetna.com/cpb/medical/data/1_99/0039.html) states: "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 no other programs such as exercise programs or use of exercise equipment, Rice diet or other special diet supplements (e.g., [REDACTED], [REDACTED]), [REDACTED], or similar programs." The treater is requesting "[REDACTED]" after referring to an "AME report dated 2/14/2015 recommending [REDACTED]" per 9/25/15 report. The referenced AME report dated 2/14/15 was not included in the provided documentation. The patient has a height of 5'3 and weight of 205 pounds per 9/25/15 report, which equals a BMI of 36.3. Physician-monitored programs are supported for those with BMI greater than 30, but exclude [REDACTED], or similar programs. In addition, the treater does not discuss weight loss goals nor steps taken by the patient to achieve those goals. There is no mention of physical activity modifications, trialed and failed caloric restrictions, nor failure of a home exercise program to warrant a weight reduction program. Therefore, the request is not medically necessary.