

Case Number:	CM15-0220518		
Date Assigned:	11/13/2015	Date of Injury:	05/30/2013
Decision Date:	12/29/2015	UR Denial Date:	10/15/2015
Priority:	Standard	Application Received:	11/09/2015

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 Jersey, New York
 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 58 year old female who sustained an industrial injury on 5-30-13. A review of the medical records indicates she is undergoing treatment for status post right total knee replacement with residuals, left knee compensatory pain, depression, and weight gain. Medical records (7-16-15, 9-1-15, and 10-13-15) indicate ongoing complaints of right knee "problems" and compensatory left knee pain. She is also being seen by psychotherapy for depression. The objective findings (10-13-15) reveal a healed wound. Swelling is noted of the right knee. The provider states "the motion is now well-preserved", but notes she "is still -25 to 105 degrees". The provider indicates that she "has not obtained not even fair result with the knee replacement". The note indicates difficulty with activities of daily living and has "cracking and crepitation on the opposite knee". The 9-9-15 physical therapy discharge note indicates that the injured worker "exhibits good progress at the time of discharge from skilled rehabilitative therapy in conjunction with a home exercise program". The treating therapist indicates that the injured worker was provided with education and is "independent" in a home exercise program. The recommendation was to discharge from physical therapy "due to completion of current program and insurance visit limitations". The injured worker received a total of 26 physical therapy visits. The outcomes are noted to be decreased pain, increased muscle strength, and increased range of motion. The treating provider indicates that the injured worker is "still not ready to work" and recommends additional physical therapy. The provider also indicates that the injured worker has "gained 40 pounds". Treatment recommendations include a [REDACTED] weight reduction program, a home exercise kit, additional physical therapy, and continuation of

psychotherapy. The utilization review (10-14-15) includes requests for authorization of 8 visits of physical therapy, the purchase of a home exercise kit, and treatment at [REDACTED] for weight reduction. All requests were denied.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 physical therapy sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine, and Postsurgical Treatment 2009, Section(s): Knee.

Decision rationale: The goal of physical therapy is to educate patients to be independent in their care taking. As per MTUS guidelines, 9-10 visits over 8 weeks for myalgias or 8-10 visits over 4 weeks for neuralgia/neuritis is recommended. The patient has received 26 physical therapy visits in the past. Her functional improvement and improvement in pain were documented. The patient continued with a home exercise program. The patient had overall improvement and completed the physical therapy program. The patient exceeded maximum limit for post-operative physical therapy. At this point, the patient should be well-versed in a home exercise program. Therefore, the request is considered not medically necessary.

Purchase of home exercise kit: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Exercise.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee/Leg Home exercise kit.

Decision rationale: The request is considered medically necessary as per ODG guidelines. When home exercises and home physical therapy are recommended, a home exercise kit is reasonable to include. There has been significant improvement with home exercise programs in treating knee injuries. The patient has already had multiple physical therapy sessions and it is reasonable to continue his home exercise program with the kit, therefore is medically necessary.

Treatment for weight reduction: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Exercise.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation USPSTF Screening for and management of obesity in adults, Annals of Internal Medicine.

Decision rationale: The request for the [REDACTED] weight loss program is not medically necessary. The patient has gained 40 pounds due to her disability. Weight loss will be essential to her recovery as increased weight will put unnecessary strain on her knee. However, the use of a weight loss program is not addressed in any guidelines found in MTUS or ODG. According to USPSTF, a weight loss program would aid the patient however, one program has not been shown to be more effective than others. The patient can also receive care through her primary care physician, dietitian, and changing her diet and lifestyle. Therefore, the request is considered not medically necessary.