

Case Number:	CM15-0220815		
Date Assigned:	11/13/2015	Date of Injury:	01/18/2008
Decision Date:	12/29/2015	UR Denial Date:	10/29/2015
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 York, West Virginia,
Pennsylvania Certification(s)/Specialty: Emergency 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 59-year-old male, who sustained an industrial injury on 1-18-2008. The medical records indicate that the injured worker is undergoing treatment for chronic bilateral knee pain. According to the progress report dated 10-12-2015, the injured worker presented with complaints of low back pain, bilateral knee pain, and ankle pain. The level of pain is not rated. In addition, he would like some help trying to lose weight. He states that he has gained roughly 100 pounds since his injury. The physical examination did not reveal any significant findings. The current medications are Norco, Ibuprofen, and Colace. Previous diagnostic studies include MRI of the bilateral knees. Treatments to date include medication management, home exercise program, and acupuncture. Work status is described as sedentary work only. The original utilization review (10-29-2015) had non-certified a request for purchase bilateral knee braces and 6 month weight watchers.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 Months Weight Watchers: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medical Disability Advisor by Presley

Reed, MD. Obesity; Management of Overweight and Obesity Working Group. VA/DoD clinical practice guideline for screening and management of overweight and obesity. Washington (DC): Department of Veterans Affairs, Department of Defense; 2014. 178 p.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medical Disability Advisor.

Decision rationale: Guidelines state that five medically accepted treatment modalities are diet modification, exercise, behavior modification, drug therapy, and surgery. In this case, the patient had gained 100 lbs since the injury. He continued to work out at the gym but complained of pain flare-ups. In this case, Current documentation does not show that the claimant has tried and failed to lose weight. The request for 6 months of weight watchers is not medically appropriate and necessary.

Bilateral Knee Braces Purchase: Upheld

Claims Administrator guideline: Decision based on MTUS Knee Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines - TWC Knee and Leg Procedure Summary Online Version, Criteria for use of knee braces.

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

Decision rationale: Guidelines state a brace can be used for patellar instability, anterior cruciate ligament tear, or medical collateral ligament instability. In this case, the claimant has persistent bilateral knee pain but not documentation of objective deficits regarding knee instability, ligament insufficiency or deficiency to support the request. The request for bilateral knee braces is not medically appropriate and necessary.