

Case Number:	CM15-0038905		
Date Assigned:	03/09/2015	Date of Injury:	04/27/2014
Decision Date:	04/17/2015	UR Denial Date:	01/26/2015
Priority:	Standard	Application Received:	03/02/2015

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: 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 43 year old, male patient, who sustained an industrial injury on 04/27/2014. A preoperative consultation dated 11/03/2014 reported the patient being seen for a right knee surgery. He currently takes Norco and Naprosyn. The following diagnoses are applied; preoperative evaluation for right knee surgery; new onset Diabetes Mellitus; hyperlipidemia and left ventricle hypertrophy with hypertension. A primary treating office visit dated 08/21/2014 reported the patient with persistent complaint of severe lower back pain as well as right sided knee pain. He is noted having attended one session of physical therapy. The magnetic resonance imaging did reveal disc herniations at L4-5 as well as L5-S1 levels. There was a partial tear of the anterior horn as well as the body of the lateral meniscus. The patient complains of instability and difficulty ambulating. During this visit the right knee was injected with Lidocaine and Depromedrol with noted immediate improvement in the pain. Pain management consultation with suggestion of injections is recommended. He is also provided a cane for ambulating. The patient is to continue with therapy with follow up in a month. The following diagnoses are applied; lumbosacral radiculopathy, and knee tendinitis/bursitis. On 03/02/2015, the injured worker submitted an application for independent medical review of services requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Weight Loss Program QTY 3: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Physicians, Ann Intern Med 2005 Apr 5;142(7):525-31.

Decision rationale: According to guidelines it states for the treatment of obesity should be eating healthy and exercise. Other options include pharmacology and bariatric surgery. There is no evidence to support a weight loss program and thus is not medically necessary.

Physical Therapy QTY 1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173 and 174. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Physical Therapy Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine Page(s): 98.

Decision rationale: Based on guidelines physical medicine can provide short-term relief during the early phases of pain treatment and are directed at controlling symptoms such as pain, inflammation and swelling and to improve the rate of healing soft tissue injuries. They can be used sparingly with active therapies to help control swelling, pain and inflammation during the rehabilitation process. There should be documented functional improvement. There should be a home exercise program. Based on the medical records there is no documentation that the patient has had improvement with previous physical therapy or if there is a home exercise program and thus not medically necessary.