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| Case Number: | CM15-0042894 | | |
| Date Assigned: | 03/13/2015 | Date of Injury: | 05/28/2014 |
| Decision Date: | 05/01/2015 | UR Denial Date: | 02/11/2015 |
| Priority: | Standard | Application Received: | 03/06/2015 |

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

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease

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 50 year old female who sustained a work related injury on May 28, 2014, incurring injuries to her knees and right hand while working as a nurse's aide. X rays revealed osteoarthritis of the knees. She was diagnosed with tendinitis of the right wrist and osteoarthritis of the knees. Treatment included physical therapy, occupational therapy, and pain medications. Currently, the injured worker complained of persistent pain and stiffness. The treatment plan that was requested for authorization included a weight clinic and physical therapy for bilateral knees.

IMR ISSUES, DECISIONS AND RATIONALES

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

Weight clinic for bilateral knees: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Journal of the American Dietetic Association.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Goldman's Cecil Medicine, 24th Edition Chapter 227 Obesity. 2011.

Decision rationale: The patient is a 50 year old female with an injury on 05/28/2014. She has right wrist tendinitis and osteoarthritis of both knees. She has been treated with physical therapy, occupational therapy and medications. Many patients lose weight without the use of a weight clinic. The patient is ambulatory and decides her food intake. A weight clinic service is not medically necessary.

Physical therapy 2 times a week for 6 weeks for bilateral knees: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98 - 99.

Decision rationale: The patient is a 50 year old female with an injury on 05/28/2014. She has right wrist tendinitis and osteoarthritis of both knees. She has been treated with physical therapy, occupational therapy and medications. MTUS, Chronic Pain guidelines allow a maximum of 8 - 10 physical therapy visits. This patient already had physical therapy and occupational therapy (a form of physical therapy) and the requested additional 12 visits of physical therapy exceed the maximum allowed visits under MTUS guidelines. Also, by this time relative to the injury the patient should have been transitioned to a home exercise program and there is no documentation that continued formal physical therapy is superior to a home exercise program. The request is not medically necessary.