

Case Number:	CM15-0051200		
Date Assigned:	03/24/2015	Date of Injury:	08/19/2010
Decision Date:	05/01/2015	UR Denial Date:	03/10/2015
Priority:	Standard	Application Received:	03/18/2015

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: Texas, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational 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:

This 63-year-old male sustained an industrial injury low back and bilateral knees on 8/19/10. Previous treatment included bilateral total knee arthroplasties, knee brace, crutches, physical therapy, medications and activity modification. In a visit noted dated 2/4/15, the injured worker complained of ongoing low back pain rated 8/10 on the visual analog scale with radiation to the left lower extremity as well as bilateral knee pain 5-6/10. The injured worker had recently completed 8 sessions of physical therapy for the low back and knees with subsequent increase to the injured worker's strength and mobility and decreasing pain. The injured worker noted overall functional improvement. Current diagnoses included status post bilateral total knee replacements, lumbar disc desiccation with posterior disc bulges and annular tears. The treatment plan included lumbar spine epidural steroid injections, continuing physical therapy, continuing home exercise, a medically supervised weight loss program and medications (Norco and Celebrex).

IMR ISSUES, DECISIONS AND RATIONALES

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

Dynamic fluoroscopy of bilateral knees: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints
Page(s): 346-347.

Decision rationale: The injured worker sustained a work related injury on 8/19/10. The medical records provided indicate the diagnosis of status post-bilateral total knee replacements, lumbar disc desiccation with posterior disc bulges and annular tears. Treatments have included bilateral total knee arthroplasties, knee brace, crutches, physical therapy, medications and activity modification. The medical records provided for review do not indicate a medical necessity for Dynamic fluoroscopy of bilateral knees. There is no appropriate guidelines for this request. The MTUS all other major guidelines like Official Disability Guidelines and the National Guidelines Clearinghouse are silent on Dynamic Fluoroscopy of the Knee. The request is not medically necessary.

Weight loss program: 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 1. National Guidelines Clearing house. Screening for and management of obesity in adults: U.S. Preventive Services Task Force recommendation statement. 2. Centers for Disease Control and Prevention Losing Weight http://www.cdc.gov/healthyweight/losing_weight/index.html.

Decision rationale: The injured worker sustained a work related injury on 8/19/10. The medical records provided indicate the diagnosis of status post bilateral total knee replacements, lumbar disc desiccation with posterior disc bulges and annular tears. Treatments have included bilateral total knee arthroplasties, knee brace, crutches, physical therapy, medications and activity modification. The medical records provided for review do not indicate a medical necessity for Weight loss program. The MTUS and Official Disability Guidelines are silent on weight loss program. The National Guidelines Clearing House noted that the U.S. Preventive Services Task Force found adequate evidence that intensive, multicomponent behavioral interventions for obese adults can lead to an average weight loss of 4 to 7 kg (8.8 to 15.4 lb) in 12- 18 months. This guideline is silent on [REDACTED] Weight loss Program; also, such amount of weight loss will bring the injured workers Body Mass Index to 42. This is short of the 35 the provider intends to achieve. Finally, the Centers for Disease Control and Prevention states, " Healthy weight loss isn't just about a "diet" or "program". It's about an ongoing lifestyle that includes long-term changes in daily eating and exercise habits." The request is not medically necessary.