MAXIMUS Federal Services

Case Number:	CM15-0084449		
Date Assigned:	05/06/2015	Date of Injury:	07/19/2012
Decision Date:	06/05/2015	UR Denial Date:	03/26/2015
Priority:	Standard	Application Received:	05/01/2015

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: North Carolina, Georgia
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 53 year old male who sustained an industrial injury on 07/19/2012. Diagnoses include lumbar radiculopathy, lumber sprain/strain, left knee sprain/strain, and status post left knee surgery. Treatment to date has included diagnostic studies, medications, custom orthotics, injections, revision of ACL surgery on 10/16/2012, physical therapy, aquatic therapy, and Functional Capacity Evaluation. The most recent physician progress note dated 01/30/2015 documents the injured worker complains of intermittent moderate low back pain and stiffness with numbness and tingling, associated with prolonged sitting, standing and walking. He rates his back pain as 8 out of 10. He has constant severe left knee pain rated as 9 out of 10, and it is throbbing, burning, with stiffness, heaviness and numbness. The injured worker is 5'8" and weight is 397 pounds. The lumbar spine has decreased range of motion. There is tenderness to palpation of the lumbar paravertebral muscles. There is muscle spasm of the lumbar paravertebral muscles. Straight Leg Raise causes pain bilaterally. The left knee has decreased and painful range of motion. There is tenderness to palpation of the anterior knee, lateral joint line, medial joint line, posterior knee and superior border of patella. There is muscle spasm of the anterior knee. McMurray's is positive. He has an antalgic gait. Treatment requested is for [redacted] Weight Loss Program, and MRA (magnetic resonance angiogram) left knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRA (magnetic resonance angiogram) Left Knee: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Knee chapter - MR arthrography.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Knee, Magnetic resonance arthrography.

Decision rationale: CA MTUS is silent on magnetic resonance arthrography. ODG states that it is recommended as a postoperative option to help diagnose a suspected residual or recurrent tear, for meniscal repair or for meniscal resection of more than 25%. In this study, for all patients who underwent meniscal repair, MR arthrography was required to diagnose a residual or recurrent tear. In patients with meniscal resection of more than 25% who did not have severe degenerative arthrosis, avascular necrosis, chondral injuries, native joint fluid that extends into a meniscus, or a tear in a new area, MR arthrography was useful in the diagnosis of residual or recurrent tear. Patients with less than 25% meniscal resection did not need MR arthrography. The submitted records do not contain a rationale for the requested MRA of knee and it is not medically necessary.

[redacted] Weight Loss Program: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation, Chapter 3 Initial Approaches to Treatment, Chapter 12 Low Back Complaints Page(s): 21-54; 287-328. Decision based on Non-MTUS Citation Official Disability Guidelines: Low Back chapter - Weight loss programs.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation University of Michigan Health System. Obesity prevention and management. Ann Arbor (MI): University of Michigan Health System; 2013 Jul. 14.

Decision rationale: CA MTUS and ODG are silent on obesity management, An alternative guideline was consulted. Management of obesity includes counseling in lifestyle counseling, dietary interventions, increasing physical activity and ensuring adequate sleep. Medications should be considered if initial interventions are unsuccessful. When these interventions are unsuccessful, consideration of a multi-disciplinary weight loss program or bariatric surgery may be considered. In this case, there is no documentation of any initial intervention for weight loss (no lifestyle counseling, dietary interventions, etc) and therefore there is no indication for referral to a multidisciplinary weight loss program such as [redacted]. The request is not medically necessary.