

Case Number:	CM14-0091604		
Date Assigned:	07/25/2014	Date of Injury:	10/19/2007
Decision Date:	09/19/2014	UR Denial Date:	05/20/2014
Priority:	Standard	Application Received:	06/17/2014

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. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 59-year-old male who has submitted a claim for tendinoligamentous injury, knee, medial meniscus tear, knee, chondromalacia, patella, knee, patellofemoral syndrome in joint/leg/knee, overweight, adjustment reaction with depression & anxiety secondary to chronic pain & disability, chronic pain & disability with delayed functional recovery, osteoarthritis, knee, internal derangement knee, disc bulging lumbar spine, s/p laminectomy, lumbar spine, radiculopathy, lumbar spine, musculotendinliligamentous sprain thoracic spine, musculotendinoligamentous sprain/sprain, lumbar spine, and total knee replacement associated with an industrial injury date of 10/19/2007. Medical records from 05/20/2014 to 06/27/2014 were reviewed and showed that patient complained of low back pain, bilateral lower extremity, and bilateral knee pain with aforementioned pain of body parts all graded 9/10. Physical examination of the lumbar spine revealed weight of 290 pounds (height and BMI not made available), tenderness paravertebral muscles, coccyx, PSIS, and SI joint with tight muscle band and trigger point, decreased lumbar ROM, and positive SLR at 60 degrees and lumbar facet loading tests bilaterally. MMT and sensation of lower extremities were intact. DTRs were 0 in bilateral knees and 1 in bilateral ankles. Physical examination of the right knee revealed tenderness over inferior-lateral patella, inferior medial patella, and medial joint line. Normal ROM was noted. Positive McMurray and patellar apprehension test were noted. Negative valgus, varus, Lachman, and posterior drawer tests were noted. Physical examination of the left knee revealed swelling with decreased ROM. Positive McMurray and patellar apprehension tests were noted. Negative valgus, varus, Lachman, and posterior drawer tests were noted. Lumbar spine CT scan (11/12/2009) revealed status post right hemilaminectomy at L5, dextroscoliosis L2-3, diffuse degenerative disc disease with disc bulging and osteophytes throughout lumbar spine. CT arthrogram (12/13/2011) of the left knee revealed prior left knee arthroplasty with an intact

polyethylene radiolucent spacer, large subchondral cyst, small baker's cyst, and calcific tendinosis of distal patellar tendon. Treatment to date has included L5 hemilaminectomy (date not made available), bilateral total knee replacement (date not made available), physical therapy, pain medications, and home exercise program. Of note, patient was able to tolerate oral medications and HEP (05/27/2014). Utilization review dated 05/20/2014 denied the request for 1 [REDACTED] [REDACTED] for weight management because the guidelines do not support the use of [REDACTED] [REDACTED] for weight management. Utilization review dated 05/20/2014 denied the request for [REDACTED] [REDACTED] because there was no rationale provided for referral to an internist. Utilization review dated 05/20/2014 denied the request for aquatic therapy because it was unclear if the patient has completed previous aquatic therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

[REDACTED] for weight management: 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 Aetna Clinical Policy Bulletin no. 0039 Weight Reduction Medications and Programs.

Decision rationale: The CA MTUS does not address weight loss programs specifically. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Aetna Clinical Policy Bulletin no. 0039 Weight Reduction Medications and Programs was used instead. Based on Aetna Clinical Policy Bulletin no. 0039, criteria for the usage of weight reduction programs and/or weight reduction medications include individuals with a BMI greater than or equal to 30, or those individuals with BMI greater than or equal to 27 with complications including coronary artery disease, dyslipidemia, hypertension, obstructive sleep apnea, and/or diabetes who have failed to lose at least 1 pound a week for at least six months on a weight-loss regimen that includes a low-calorie diet, increased physical activity, and behavioral therapy. In this case, the patient's BMI was not made available. It was unclear if the patient had aforementioned complications. Furthermore, there was no discussion of weight loss failure with a weight-loss regimen to support enrollment in a weight reduction program. Therefore, the request for [REDACTED] for weight management is not medically necessary.

6 Aqua Therapy sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy Page(s): 22.

Decision rationale: According to page 22 of the CA MTUS Chronic Pain Medical Treatment Guidelines, aquatic therapy is an optional form of exercise therapy, where available, as an alternative to land-based physical therapy. Aquatic therapy (including swimming) can minimize the effects of gravity, so it is specifically recommended where reduced weight bearing is desirable. In this case, the patient's BMI was not made available. The patient was noted to tolerate HEP (05/27/2014). It is unclear as to why aquatic therapy is needed based on the available medical records. Therefore, the request for 6 Aqua Therapy sessions is not medically necessary.

1 consultation with [REDACTED] 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 Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Independent Medical Examinations and consultations, page(s) 127.

Decision rationale: As stated on pages 127 and 156 of the ACOEM Independent Medical Examinations and Consultations Guidelines referenced by CA MTUS, occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. In this case, the patient was noted to tolerate HEP and oral medications (05/27/2014). The aforementioned circumstances stated by the guidelines were not present to support referral. There is no clear indication for referral at this time. Therefore, the request for 1 consult with [REDACTED] is not medically necessary.