

Case Number:	CM14-0091722		
Date Assigned:	07/25/2014	Date of Injury:	10/08/2001
Decision Date:	10/17/2014	UR Denial Date:	06/06/2014
Priority:	Standard	Application Received:	06/18/2014

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 Occupational Medicine and is licensed to practice in California. 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic knee pain reportedly associated with an industry injury of February 8, 2001. Thus far, the applicant has been treated with the following: Analgesic medications; earlier total knee arthroplasty surgery; and unspecified amounts of physical therapy over the course of the claim. In a Utilization Review Report dated June 6, 2014, the claims administrator denied a request for 12 sessions of physical therapy, a gym membership, and a weight loss program. In its report, the claims administrator alluded to the applicant's weighing 285 pounds but did not state the applicant's height. The applicant's attorney subsequently appealed. In a December 14, 2013 progress note, the applicant presented with persistent complaints of knee pain. The applicant was scheduled to have a total knee replacement, it was stated. The applicant's medical history was apparently notable for a prior pulmonary embolism, hypertension, dyslipidemia, and reflux. The applicant was reportedly using tramadol, irbesartan, Zocor, Prevacid, and Coumadin. In a May 19, 2014 progress note, the applicant reported persistent complaints of knee pain some four months removed from the date of total knee arthroplasty. 0 to 115 degrees of knee range of motion were noted. Additional physical therapy, a gym membership, and weight loss program were sought. The applicant was reportedly retired. The applicant's height was not stated. In an earlier note dated April 7, 2014, it was again stated that the applicant was doing well three months removed from total knee replacement. The applicant was apparently asked to continue physical therapy, home exercises, and tramadol. The applicant was described as doing fine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-op Physical Therapy 2 x 6 left knee: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability guidelines

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

Decision rationale: The applicant was outside of the four-month postsurgical physical medicine treatment period established in MTUS 9792.24.3 following earlier total knee arthroplasty surgery on January 7, 2014 as of the date additional physical therapy was requested, May 19, 2014. The MTUS Chronic Pain Medical Treatment Guidelines were therefore applicable as of the date of the request, May 19, 2014. The 12-session course of treatment proposed, in and of itself, however, represents treatment in excess of the 9- to 10-session course recommended on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines for myalgias and myositis of various body parts, the issue reportedly present here. No rationale for treatment at a rate, frequency and overall amount in excess of the MTUS parameters was proffered by the attending provider. The information on file, furthermore, seemingly suggested that the applicant was ambulating well, had recovered nicely from the total knee arthroplasty, and was independently performing home exercises on and around the date additional formal physical therapy was requested. As noted on page 98 of the MTUS Chronic Pain Medical Treatment Guidelines, applicants are expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. The request, thus, as written, runs counter to MTUS principles and parameters. Therefore, the request is not medically necessary.

Gym Program: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability guidelines

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 83.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 5, page 83, to achieve functional recovery, applicants must assume certain responsibilities, one of which includes adhering to and maintaining exercise regimens. The gym program being sought by the attending provider, thus, per ACOEM, is an article of applicant responsibility as opposed to an article of payer responsibility. It is further noted that the applicant appears capable of independently performing home exercise program of his own accord, the attending provider has suggested, effectively obviating the need for the gym membership. Therefore, the request is not medically necessary.

Weight loss program: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability guidelines

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 1 Prevention Page(s): 11.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 1, page 11, strategies based on modification of applicant-specific risk factors such as weight loss may be "less certain, more difficult, and possible less cost effective." In this case, no applicant-specific rationale was attached to the request for authorization so as to offset the tepid-to-unfavorable ACOEM position on the article at issue. It is further noted that the attending provider only documented the applicant's weight along with the request for authorization. There was no mention of the applicant's height or BMI. Therefore, the request is not medically necessary.