

<b>Case Number:</b>	CM14-0170099		
<b>Date Assigned:</b>	10/20/2014	<b>Date of Injury:</b>	02/27/1997
<b>Decision Date:</b>	10/13/2015	<b>UR Denial Date:</b>	09/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/15/2014

### 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. 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

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 60 year old female, who sustained an industrial injury on 2-27-97. The injured worker is undergoing treatment for fibromyalgia, right knee torn meniscus and morbid obesity. Medical records dated 4-4-14 indicate the injured worker complains of neck, shoulder, elbow, wrist, back, hip and bilateral knee pain. Pain is rated 7 out of 10. She reports chronic multiple joint swelling, locking in the knees and use of a cane for ambulation. Physical exam (4-4-14) notes appearance of "severe distress due to pain," tenderness of wrists, elbows, shoulders, hips, knees and ankles with left shoulder and spasm and trigger points of the cervical region, trapezes, epicondyle, thoracic and lumbar area. There is cervical, thoracic and lumbar decreased range of motion (ROM). Treatment to date has included steroidal injections, warm water therapy, massage and medication. Record dated 4-4-14 indicates synvisc injections of the knees were approved "approximately two years ago" but not done. The original utilization review dated 9-18-14 indicates the request for weight loss program, home assistance and magnetic resonance imaging (MRI) of the bilateral knees is non-certified noting.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Weight Loss Program:** Upheld

**Claims Administrator guideline:** Decision based on MTUS General Approaches 2004, Section(s): Prevention.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation NIH, weight loss.

**Decision rationale:** The California MTUS, the ACOEM and the ODG do not specifically address the requested service. PER the NIH recommendations, weight loss should be considered to: 1. lower blood pressure; 2. lower elevated levels of total cholesterol, LDL and triglycerides; 3. lower elevated levels of blood glucose levels; 4. use BMI to estimate relative risk of disease; 5. follow BMI during weight loss; 6. measurement of waist circumference; 7. initial goal should be to reduce body weight by 10%; 8. weight loss should be 1-2 pounds per week for an initial period of 6 months; 9. low calorie diet with reduction of fats is recommended; 10. An individual diet that is helped to create a deficit of 500-1000 kcal/day should be used; 11. Physical activity should be part of any weight loss program; 12. Behavioral therapy is a useful adjunct when incorporated into treatment. While weight loss is indicated in the treatment of both obesity and chronic pain exacerbated by obesity, there are no details given about the neither recommended program nor documentation of previous weight loss attempts/activities. Therefore, there is no way to see if the requested program meets NIH standards. Therefore the request is not certified.

**Home Assistance:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Home health services.

**Decision rationale:** The California MTUS section on home health states: Recommended only for otherwise recommended medical treatment for patients who are homebound, on a part-time or "intermittent" basis, generally up to no more than 35 hours per week. Medical treatment does not include homemaker services like shopping, cleaning, and laundry, and personal care given by home health aides like bathing, dressing, and using the bathroom when this is the only care needed. (CMS, 2004) Homemaker services are not recommended and therefore the request is not certified.

**MRI of the bilateral knees:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Knee Complaints 2004.

**MAXIMUS guideline:** Decision based on MTUS Knee Complaints 2004, Section(s): Special Studies.

**Decision rationale:** The ACOEM chapter on knee complaints states: Most knee problems improve quickly once any red-flag issues are ruled out. For patients with significant hemarthrosis and a history of acute trauma, radiography is indicated to evaluate for fracture.

Reliance only on imaging studies to evaluate the source of knee symptoms may carry a significant risk of diagnostic confusion (false-positive test results) because of the possibility of identifying a problem that was present before symptoms began, and therefore has no temporal association with the current symptoms. Even so, remember that while experienced examiners usually can diagnose an ACL tear in the non-acute stage based on history and physical examination, these injuries are commonly missed or over diagnosed by inexperienced examiners, making MRIs valuable in such cases. Also note that MRIs are superior to arthrography for both diagnosis and safety reasons. Table 13-5 provides a general comparison of the abilities of different techniques to identify physiologic insult and define anatomic defects. The provided medical records for review do not meet criteria as cited above for imaging of the knee and the request is thus not certified.