

Case Number:	CM15-0009291		
Date Assigned:	01/27/2015	Date of Injury:	10/16/2008
Decision Date:	03/18/2015	UR Denial Date:	12/15/2014
Priority:	Standard	Application Received:	01/15/2015

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: New York

Certification(s)/Specialty: Anesthesiology

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 52- year old female, who sustained an industrial injury on October 16, 2008. She has reported low back and knee pain. The diagnoses have included right total knee replacement (TKR), left knee osteoarthritis, musculo-ligamentous strain of the lumbar spine. Treatment to date has included pain medication, anti-inflammatory medication, a left knee hinged brace and routine follow-up. Currently, the IW complains of low back and bilateral knee pain. The worker was having difficulty ambulating secondary to pain. The worker could not fully extend her left knee. On December 15, 2014, the Utilization Review decision non-certified a weight loss program, right knee hinged brace, a wheelchair and a shower chair, noting the weight loss was a personal responsibility and not work related. The knee brace was non-covered because the physical exam did not show knee instability. The shower chair was not medically necessary because the documentation did not identify a safety issue in the shower. The wheelchair was non-covered because the documentation did not reflect medical necessity. The MTUS, ACOEM and the ODG was cited. On January 15, 2015, the injured worker submitted an application for IMR for review of a weight loss program, right knee hinged brace, a wheelchair and a shower chair.

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 ACOEM.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Up To Date, Weight Loss Recommendations

Decision rationale: There is no specific documentation addressed by ACOEM/MTUS Guidelines for weight loss programs for chronic pain conditions. According to UpToDate, weight loss is beneficial for partial relief of symptoms for patients with obesity and arthritis. All patients who would benefit from weight loss should receive counseling on diet, exercise and goals for weight management. There is documentation provided that the claimant has tried to diet but her effort was described as poor. The provider has not provided a specific goal for weight loss and there is no documentation indicating that the patient has undergone any counseling on lifestyle and behavioral modifications. There is no specific documentation indicating that the claimant's obesity is related to her work injury. Medical necessity for the requested service has not been established. The requested service is not medically necessary.

Durable medical equipment (DME) right knee hinged brace: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation The Knee, Durable Medical Equipment (DME)

Decision rationale: There is no documentation necessitating a right knee hinged brace. According to ODG, a knee brace is indicated if there is evidence of knee instability. There was no evidence of right knee instability documented on physical exam. Medical necessity for the requested item has not been established. The requested right knee hinged brace is not medically necessary.

Wheelchair: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation The Knee/Leg

Decision rationale: According to ODG, a manual wheelchair is recommended if the patient requires the use of a wheelchair to move around their residence. There is no specific documentation indicating that the patient requires a wheelchair to move around the home. In addition, the records document that she already had a wheelchair and there is no documentation on why that one was not functioning properly. Medical necessity for the requested item has not been established. The requested wheelchair is not medically necessary.

Shower Chair: 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 DME

Decision rationale: According to ODG, a shower chair is indicated if there is documentation that a patient cannot safely stand in a shower. There is no documentation that the patient cannot safely stand in the shower. Medical necessity for the requested item has not been established. The requested shower chair is not medically necessary.