

Case Number:	CM15-0012548		
Date Assigned:	01/30/2015	Date of Injury:	03/10/1991
Decision Date:	03/27/2015	UR Denial Date:	12/31/2014
Priority:	Standard	Application Received:	01/21/2015

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: California
 Certification(s)/Specialty: Internal Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 44 year old female sustained an industrial injury on 3/10/91. She subsequently reports chronic left knee pain. Diagnoses include status-post ACL repair, left knee meniscus tear and osteoarthritis left knee. Prior treatments include physical therapy and prescription pain medications. The UR decision dated 12/31/14 non-certified Weight Management Program, Warm Water Exercise Program and Myofascial Massage Therapy. The Weight Management Program was denied using Aetna guidelines. The Warm Water Exercise Program was denied using CA MTUS guidelines. The Myofascial Massage Therapy was denied based on CA MTUS Chronic Pain Treatment guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Weight Management Program: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation
http://www.aetna.com/cpb/medical/data/1_99/0039.html

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Annals of Internal Medicine, 4 January 2005, Vol 142, No. 1, p56-66. Systematic Review: An Evaluation of Major Commercial Weight Loss Programs in the United States. Adam Gilden Tsai MD and Thomas Wadden PhD.
<http://www.ncbi.nlm.nih.gov/pubmedhealth/PMH0021821/>

Decision rationale: Medical Treatment Utilization Schedule (MTUS) does not address the weight management programs. An Evaluation of Major Commercial Weight Loss Programs (Systematic Review) published in the Annals of Internal Medicine, concluded that the evidence to support the use of the major commercial and self-help weight loss programs is suboptimal. The progress report dated 12-18-2014 documented that the patient's height was 5 feet 8 inches and weight was 242 pounds. The progress report dated 12-18-2014 documented that the left knee was non-tender with a range of motion 0 to 110 degrees. The orthopedic surgeon's letter dated 12-30-2014 documented left knee pain due to osteoarthritis and the recommendation for a medical weight management program. The nature and specifics of the requested weight management program were not detailed. An unknown weight management program cannot be endorsed. An Evaluation of Major Commercial Weight Loss Programs (Systematic Review) published in the Annals of Internal Medicine, concluded that the evidence to support the use of the major commercial and self-help weight loss programs is suboptimal, and does not support the request for a weight management program. Therefore, the request for weight management program is not medically necessary.

Warm Water Exercise Program: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy Page 22. Physical Medicine Pages 98-99.. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) Physical medicine treatment. Preface, Physical Therapy Guidelines.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines state that aquatic therapy is an optional form of exercise therapy and an alternative to land-based physical therapy. Aquatic therapy is specifically recommended where reduced weight bearing is desirable, for example extreme obesity. For recommendations on the number of supervised visits, see Physical Medicine (Pages 98-99). MTUS Physical Medicine guidelines indicate that for myalgia and myositis, 9-10 visits are recommended. For neuralgia, neuritis, and radiculitis, 8-10 visits are recommended. Per MTUS definitions, functional improvement means either a clinically significant improvement in activities of daily living or a reduction in work restrictions, and a reduction in the dependency on continued medical treatment. Official Disability Guidelines (ODG) present physical therapy PT guidelines. Patients should be formally assessed after a six-visit clinical trial to evaluate whether PT has resulted in positive impact, no impact, or negative impact prior to continuing with or modifying the physical therapy. When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. The progress report dated 12-18-2014 documented that the

left knee was non-tender with a range of motion 0 to 110 degrees. Height was 5 feet 8 inches. Weight was 242 pounds. The orthopedic surgeon's letter dated 12-30-2014 documented left knee pain due to osteoarthritis and the recommendation for water pool exercise program 2-3 times weekly. The duration and total number of treatments were not specified. Without a defined duration or limitation on the total number of treatments, the request for water-based exercise program is not supported by MTUS guidelines. Therefore, the request for a water exercise program is not medically necessary.

Myofascial Massage Therapy twice monthly: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Massage therapy Page(s): 60.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Massage therapy Page 60.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines state that massage therapy should be an adjunct to other recommended treatment, and it should be limited to 4-6 visits. Scientific studies show contradictory results. Furthermore, many studies lack long-term follow-up. Beneficial effects were registered only during treatment. Massage is a passive intervention and treatment dependence should be avoided. There is a lack of long-term benefits. The progress report dated 12-18-2014 documented that the left knee was non-tender with a range of motion 0 to 110 degrees. Height was 5 feet 8 inches. Weight was 242 pounds. The orthopedic surgeon's letter dated 12-30-2014 documented left knee pain due to osteoarthritis and the recommendation for myofascial therapy twice monthly. The duration and total number of treatments were not specified. Without a defined duration or limitation on the total number of treatments, the request for myofascial massage therapy is not supported by MTUS guidelines. Therefore, the request for myofascial massage therapy is not medically necessary.