

Case Number:	CM15-0175744		
Date Assigned:	09/17/2015	Date of Injury:	02/24/2000
Decision Date:	10/23/2015	UR Denial Date:	08/24/2015
Priority:	Standard	Application Received:	09/08/2015

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: Physical Medicine & Rehabilitation

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 63 year old male, who sustained an industrial injury on 02-24-2000. Medical records indicated that the injured worker is undergoing treatment for chronic low back pain degenerative disorder, chronic bilateral hip pain osteoarthritis, chronic bilateral knee pain status post repeated total knee arthroplasty, comorbid hypogonadism, opioid dependent, hypertension, hyperlipidemia, overweight, and post herpetic neuralgia. Treatment and diagnostics to date has included use of TENS (Transcutaneous Electrical Nerve Stimulation) Unit, knee brace, and medications. Current medications include Celebrex, Norco, Oxymorphone, Klonopin, Testosterone, Levothyroxine, Cardura, Lisinopril, Clonidine, Lovaza, Potassium, Flonase, Vitamin D, and Aspirin. In a progress note dated 07-23-2015, the injured worker reported right hip, right knee, and back pain rated 8 out of 10. Objective findings included inability to perform toe and heel walk due to knee pain, diminished flexion of right knee, and tenderness to palpation in hip and knee joints. The request for authorization dated 08-20-2015 requested "ortho (Orthopedic) consult for his right hip and knee, request physical therapy was denied, unable to get my request acupuncture, continue use the approved knee brace, continue daily use of TENS Unit, continue wt (weight) reduction, topical analgesic compound cream, and continue Celebrex". The Utilization Review with a decision date of 08-24-2015 non-certified the request for continue weight reduction and certified the request ortho consultation for knee and continue knee brace.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continue weight reduction: Upheld

Claims Administrator guideline: Decision based on MTUS General Approaches 2004, Section(s): Cornerstones of Disability Prevention and Management.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Exercise.

Decision rationale: The patient presents on 08/20/15 with pain in the right hip, right knee, and lower back which radiates into the bilateral lower extremities. The pain is rated 8/10. The patient's date of injury is 02/24/00. The request is for Continue Weight Reduction. The RFA is dated 08/20/15. Physical examination dated 08/20/15 reveals the inability to perform toe-heel walk due to knee pain, trace deep tendon reflexes in the lower extremities, tenderness to palpation of the hip and bilateral knee joints, crepitus with patellar grinding (unspecified), and "poor tolerance" to the straight leg raise test bilaterally. The patient is currently prescribed Celebrex, Norco, Klonopin, Testosterone, Levothyroxine, Cardura, Lisinopril, Clonidine, Lovaza, Flonase, and Aspirin. Patient's current work status is not provided. MTUS Guidelines, Exercise section, pages 46-47 states the following: "Recommended. There is strong evidence that exercise programs, including aerobic conditioning and strengthening, are superior to treatment programs that do not include exercise. There is no sufficient evidence to support the recommendation of any particular exercise regimen over any other exercise regimen. A therapeutic exercise program should be initiated at the start of any treatment or rehabilitation program, unless exercise is contraindicated." In this case, the requested "weight reduction" does not appear to be a medical intervention, rather a general instruction to the patient included in the treatment plan/RFA. Progress note dated 08/20/15, which is associated with the request does not specifically state the nature of the continued weight loss. The provider's treatment plan is "continue weight reduction" and is included in a section discussing PT denials and continued counseling regarding the importance of exercise and diet. The RFA, dated 08/20/15 also states "continue weight reduction" without specifying any particular treatment program, medical food, or medication. It is noted that the patient has lost seven pounds since last visit, and it appears that the provider is recommending that the patient continue to lose weight via self-directed diet and exercise. It is not clear why the patient and provider would appeal a UR decision that is not a specific treatment, rather a lifestyle recommendation. Without evidence that the request is an actual weight loss method, program, or medication, the appropriateness within MTUS guidelines cannot be evaluated. Therefore, the request is not medically necessary.