

Case Number:	CM15-0179546		
Date Assigned:	09/21/2015	Date of Injury:	04/07/2013
Decision Date:	10/29/2015	UR Denial Date:	08/24/2015
Priority:	Standard	Application Received:	09/11/2015

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:

This injured worker is a 50 year old female, who sustained an industrial injury on 04-07-2013. The injured worker was diagnosed as having post-traumatic osteoarthritis of both knees and post-laminotomy syndrome and type 2 diabetes mellitus - uncomplicated. On medical records dated 08-05-2015, subjective complaints were noted as having ongoing knee and low back pain. Pain was rated at 7 out of 10, and 10 out of 10 at its worst and 4 out of 10 at its best. The injured worker has reported gaining 85 pounds. The physical examination findings were noted as height 5' 3" weight 185 lbs with a body index of 32.78 kg. Knees were noted to have a full range of motion with crepitus in bilateral knees. The injured worker was noted to be not working. Treatment to date included knees braces, physical therapy on knees, home exercise program and medication. Current medication was listed as Effexor, Naprosyn, Colace, Lyrica and Zanaflex. The Utilization Review (UR) was dated 08-24-2015. The UR submitted for this medical review indicated that the request for weight loss program was modified and knee braces were non-certified.

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: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation The National Guideline Clearinghouse.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Exercise. Decision based on Non-MTUS Citation AETNA guidelines (www.aetna.com/cpb/medical/data/1_99/0039.html).

Decision rationale: The patient presents on 08/05/15 with throbbing pain in the interscapular region, lower back pain which radiates into the lower back and right lower extremity, and infrapatellar pain in the bilateral knees. The pain is rated 7/10. The patient's date of injury is 04/07/13. Patient is status post thoracic spine fusion surgery at T8 through T10 levels on 08/20/13. The request is for Weight Loss Program. The RFA was not provided. Physical examination dated 08/05/15 reveals numbness to palpation of the thoracolumbar junction, crepitus in the bilateral knees (right greater than left), and diminished sensation to pinprick in the lateral aspect of the bilateral ankles. The patient is currently prescribed Lyrica, Effexor, Naprosyn, and Zanaflex. Patient is currently classified as temporarily partially disabled. MTUS Guidelines, Exercise section, pages 46-47 states the following: "Recommended. There is strong evidence that exercise programs, including aerobic conditioning and strengthening, is 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." AETNA guidelines (www.aetna.com/cpb/medical/data/1_99/0039.html) were also referenced: AETNA guidelines consider weight reduction medically necessary and states "considered medically necessary for weight reduction counseling in adults who are obese (as defined by BMI 30 kg/m²)." AETNA allows for medically supervised programs only and not other programs such as exercise programs or use of exercise equipment, Rice diet or other special diet supplements (e.g., amino acid supplements, [REDACTED], liquid protein meals, [REDACTED], pre-packaged foods, or phytotherapy), [REDACTED], [REDACTED], [REDACTED], or similar programs. In this case, the provider is requesting attendance of a medically supervised weight loss program. Per progress note dated 09/10/15, the provider states: "She has gained 85lb and I would like to refer her to a weight loss program. I have, on 9/8/15 requested a supervised program." The provider then states that the program specifics were provided via an RFA which was not included with the documentation. This patient has a BMI of 32 and would be considered a candidate for such a program. However, as no specifics regarding duration and frequency of the weight-loss program are provided, such an open-ended request cannot be substantiated. Therefore, the request is not medically necessary.

Knee braces: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg (Acute & Chronic) chapter under Knee Brace.

Decision rationale: The patient presents on 08/05/15 with throbbing pain in the interscapular region, lower back pain which radiates into the lower back and right lower extremity, and infrapatellar pain in the bilateral knees. The pain is rated 7/10. The patient's date of injury is 04/07/13. Patient is status post thoracic spine fusion surgery at T8 through T10 levels on 08/20/13. The request is for Knee Braces. The RFA was not provided. Physical examination dated 08/05/15 reveals numbness to palpation of the thoracolumbar junction, crepitus in the bilateral knees (right greater than left), and diminished sensation to pinprick in the lateral aspect of the bilateral ankles. The patient is currently prescribed Lyrica, Effexor, Naprosyn, and Zanaflex. Patient is currently classified as temporarily partially disabled. ODG guidelines, Knee & Leg (Acute & Chronic) chapter under Knee Brace, provides following criteria for the use of knee brace: Refabricated knee braces may be appropriate in patients with one of the following conditions: 1. Knee instability; 2. Ligament insufficiency/deficiency; 3. Reconstructed ligament; 4. Articular defect repair; 5. Avascular necrosis; 6. Meniscal cartilage repair; 7. Painful failed total knee arthroplasty; 8. Painful high tibial osteotomy; 9. Painful unicompartmental osteoarthritis; and 10. Tibial plateau fracture. In regard to bilateral knee braces, the request is appropriate. Progress note dated 09/10/15 documents that this patient was previously issued knee braces improved stability and functional improvement, however she rapidly gained 85 pounds and her previously useful knee braces are now too small to be worn. This patient presents with bilateral knee osteoarthritis, a condition for which bracing is considered a conservative option. Given the failure of this patient's current knee braces and the documentation of improved stability and improved function attributed to bracing, the issuance of bracing which fit this patient's current body dimensions is an appropriate measure. Therefore, the request is medically necessary.