

<b>Case Number:</b>	CM15-0077996		
<b>Date Assigned:</b>	04/29/2015	<b>Date of Injury:</b>	03/14/2012
<b>Decision Date:</b>	06/01/2015	<b>UR Denial Date:</b>	04/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/23/2015

### 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: Texas, California

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:

This is a 59-year-old female patient, who sustained an industrial injury on 3/14/12. The diagnoses include bilateral knee osteoarthritis, low back strain/sprain, and left hip pain secondary to right knee condition. She sustained the injury while going down the stairs of the parking garage. Per the doctor's note dated 3/19/2015, she had complains of right knee pain. The physical examination revealed atrophy of the right lower extremity, well healed scar on the right knee and tricompartmental crepitation. A physician's report noted she had gained a significant amount of weight therefore, a weight loss program was recommended. The current medications list is not specified in the records provided. She has had injections to the right knee. She has had an MRI of the right knee, which revealed moderate osteoarthritis of the lateral compartment of the knee with joint effusion and lateral meniscal tear. Other therapy for this injury was not specified in the records provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture 3 x 6:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**Decision rationale:** Request: Acupuncture 3 x 6 MTUS guidelines Acupuncture Medical Treatment Guidelines 9792.24.1. Acupuncture Medical Treatment Guidelines. CA MTUS Acupuncture medical treatment guidelines cited below state that "Acupuncture is used as an option when pain medication is reduced or not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery." The medical records provided do not specify any intolerance to pain medications that patient is taking currently. Response to previous conservative therapy including physical therapy visits is not specified in the records provided. In addition, per the cited guidelines "Time to produce functional improvement: 3 to 6 treatments; (d) Acupuncture treatments may be extended if functional improvement is documented as defined in Section 9792.20(f)." The requested visits are beyond the recommended cited criteria. The medical necessity of Acupuncture 3 x 6 is not fully established in this patient at this time. The request is not medically necessary.

**Weight loss program:** 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 Official Disability Guidelines (ODG) Chapter: Knee & Leg (updated 05/05/15) Gym memberships and Other Medical Treatment Guidelines American Family Physician. 2006 Jun 1; 73 (11):2074-2077. Practice Guideline- Joint Position Statement on Obesity in Older Adults.

**Decision rationale:** Request: Weight loss program ACOEM/CA MTUS do not specifically address weight loss program. Per the cited guidelines "With unsupervised programs there is no information flow back to the provider, so he or she can make changes in the prescription, and there may be risk of further injury to the patient. Gym memberships, health clubs, swimming pools, athletic clubs, etc., would not generally be considered medical treatment." Treatments for obesity either decrease energy intake or increase energy expenditure. Those that decrease energy intake have a greater potential for causing weight loss than those that increase energy expenditure through exercise. Per the Practice Guideline - Joint Position Statement on Obesity in Older Adults; "When beginning weight-loss therapy for older patients, all appropriate information should first be collected (i.e., medical history, physical examination, laboratory tests, medication assessment, and evaluation of the patient's of inclination to lose weight). Physicians should assist their patients in making lifestyle and behavioral changes by setting goals, supervising progress, and motivating patients." The records provided do not provide detailed information about patient's dietary history. The response to any prior attempts of weight loss treatments are not specified in the records provided. Any medications that may be contributing to his weight gain are not specified in the records provided. Any possible psychiatric co morbidities like depression or bulimia that may be contributing to the patient's weight gain are not specified in the records provided. The medical necessity of Weight loss program is not fully established for this patient at this time. The request is not medically necessary.

**Right knee brace:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 340.

**Decision rationale:** Request: Right knee brace. Per the ACOEM guidelines cited below "A brace can be used for patellar instability, anterior cruciate ligament (ACL) tear, or medical collateral ligament (MCL) instability although its benefits may be more emotional (i.e., increasing the patient's confidence) than medical. Usually a brace is necessary only if the patient is going to be stressing the knee under load, such as climbing ladders or carrying boxes. For the average patient, using a brace is usually unnecessary. In all cases, braces need to be properly fitted and combined with a rehabilitation program." Any evidence for the need of stressing the knee under load such as climbing ladders or carrying boxes is not specified in the records provided. Significant consistent evidence of patellar instability or anterior cruciate ligament (ACL) tear, is not specified in the records provided. Response to conservative therapy including physical therapy is not specified in the records provided. A recent detailed clinical examination of the right knee is not specified in the records provided. The medical necessity of right knee brace is not established for this patient at this time. The request is not medically necessary.