

<b>Case Number:</b>	CM15-0093310		
<b>Date Assigned:</b>	05/19/2015	<b>Date of Injury:</b>	03/16/2009
<b>Decision Date:</b>	06/22/2015	<b>UR Denial Date:</b>	04/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/14/2015

### 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: Orthopedic Surgery

### 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 March 16, 2010. She reported an injury to her bilateral upper extremities. Treatment to date has included carpal tunnel release surgery to both hands and wrists. Currently, 4/16/15, the injured worker complains of constant pain to the left knee. She reports that the pain increases with walking or standing, flexing and extending the knee, climbing and descending stairs. She has associated swelling, popping and clicking. The evaluating physician notes that x-rays reveal severe degenerative arthritis of both knees. The diagnosis associated with the request is severe degenerative arthritis of the bilateral knees. The treatment plan includes left total knee replacement, 3-day inpatient stay, home health for four weeks, front wheeled walker, TENS unit, commode, cold compression unit, show chair and CPM machine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Associated surgical services: Post operative cold compression unit (days) 30:** 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), knee and leg (acute and chronic).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Knee and Leg Chapter regarding continuous flow cryotherapy.

**Decision rationale:** CA MTUS/ACOEM is silent on the issue of cryotherapy. According to ODG, Knee and Leg Chapter regarding continuous flow cryotherapy it is a recommended option after surgery but not for nonsurgical treatment. It is recommended for upwards of 7 days postoperatively. In this case the request exceeds the amount of days. Therefore the determination is not medically necessary.

**Weight loss program 24 visits:** 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 Reference: Franz MJ, VanWormer JJ, Crain AL, Boucher JL, Histon T, Caplan W, Bowman JD, Pronk NP. Weight-loss outcomes: a systematic review and meta-analysis of weight-loss clinical trials with a minimum 1-year follow-up. J Am Diet Assoc. 2007 Oct; 107(10):1755-67.

**Decision rationale:** CA MTUS/ACOEM/ODG are silent on the issue of weight loss program. Review of the literature demonstrates recommendation of reduced caloric diet along with exercise program to promote weight loss. In this case there is lack of documentation from 4/16/15 that the employee has adequately tried and failed self-weight loss, exercise and or diet, which is not present in this case. The request for a weight loss program is not medically necessary and appropriate.