

Case Number:	CM13-0001487		
Date Assigned:	05/02/2014	Date of Injury:	03/05/2010
Decision Date:	06/10/2014	UR Denial Date:	07/03/2013
Priority:	Standard	Application Received:	07/15/2013

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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 claimant is a female with date of injury 3/5/2010. Per primary treating physician's progress report, the claimant has been treated with arthoscopic surgery on her left knee and hand chondromalacia of the medial femoral condyle in November 2012. She had persistent left knee joint pain over the anterior medial aspect of her knee joint. She has been treated with a series of Synviac injections without significant lasting improvement. She uses a medial unloader knee brace and tries to do walking to help her lose weight. She has been doing pool therapy but she moved. On exam she has persistent moderate tenderness along the anterior medial aspect of the left knee joint. The knee shows good range of motion lacking only about 10 degrees of flexion. There is no joint effusion, quadriceps atrophy or knee joint instability. The claimant weighs 278 pounds and on her last visit she weighed 277 , the claimants current weight is 283 pounds. The claimant has gained at least 50 pounds since her injury. Diagnoses include chondromalacia patella, torn medial meniscus, chondromalacia femur, derangement knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

PROGRAM: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation J Am Diet Association. 2007,October; Nutrition Concepts by Franz, Inc.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation The Practical Guide: Identification, Evaluation and Treatment of Overweight and Obesity in Adults, Nih Publication, October 2000.

Decision rationale: The California MTUS Guidelines does not address weight loss programs as medically necessary treatment. The cited guidelines provide the essential elements for primary care providers to direct patients to healthy weight loss. In this case the claimant has reportedly gained over 50 pounds since her injury, despite exercising by walking and in pool therapy. Although interventions for weight loss may be indicated, and are supported by the cited guidelines, there is no indication that any consumer based weight loss program would be more beneficial than a program designed by the treating physician, or by a primary care provider. Therefore, the request for [REDACTED] program is not medically necessary and appropriate.

[REDACTED] **PROGRAM:** Upheld

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