MAXIMUS Federal Services

Case Number:	CM13-0001701		
Date Assigned:	06/27/2014	Date of Injury:	01/06/2011
Decision Date:	09/05/2014	UR Denial Date:	07/05/2013
Priority:	Standard	Application Received:	07/16/2013

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 applicant is a represented [redacted] employee who has filed a claim for chronic knee pain reportedly associated with an industrial injury of January 6, 2011.Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; earlier knee surgery; unspecified amounts of physical therapy and chiropractic therapy; transfer of care to and from various providers in various specialties; and extensive periods of time off of work.On July 5, 2013, the claims administrator denied a request for a weight loss program.The applicant's attorney subsequently appealed.In a permanent and stationary report dated September 20, 2012, the applicant's primary treating provider gave the applicant a 4% whole-person impairment rating and stated that the applicant had returned to regular work.On January 29, 2013, the applicant was given prescriptions for Sonata, apparently for insomnia.In a July 26, 2013 appeal letter, the attending provider stated that the applicant had complaints of bilateral knee and low back pain. The applicant stood 5 feet 7 inches tall, weighed 225 pounds, and had a resultant BMI of 35. The attending provider stated that the applicant's preinjury weight was 190 pounds. Weight loss program was endorsed to try and remediate the applicant's complaints of knee, leg, and low back pain.On May 8, 2013, it was incidentally noted that the applicant was off of work, on total temporary disability. The applicant was using Norco for pain relief as of that point in time.

IMR ISSUES, DECISIONS AND RATIONALES

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

Weight loss program with [redacted] for 10 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 1 Prevention Page(s): 11.

Decision rationale: As noted in the MTUS-Adopted ACOEM Guidelines in Chapter 1, page 11, strategies based on personal risk modification, such as weight loss, are "less certain, more difficult, and possibly less cost effective." No compelling medical evidence in support of the weight loss program was proffered which would offset the unfavorable ACOEM position on the same. Therefore, the request is not medically necessary.