

Case Number:	CM13-0007179		
Date Assigned:	01/31/2014	Date of Injury:	11/14/2011
Decision Date:	05/20/2014	UR Denial Date:	07/03/2013
Priority:	Standard	Application Received:	08/05/2013

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 Geriatrics and is licensed to practice in New York. 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 injured worker is a 57-year-old man with a date of injury of 11/14/11. He had complaints of pain and recently developed diabetes. He was said to have significant weight gain with loss of 15lbs. He was referred to [REDACTED] weight loss program. His physician advocated that his knee pain and diabetes could be improved by weight loss. His diagnoses were tendonitis, chondromalacia patellae, current tear of cartilage or meniscus of knee not elsewhere classified and meniscal tear lateral. The weight loss program is at issue in this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

WEIGHT MANAGEMENT CLASS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Journal of American Diet Association, 107 (10), 1755-67. <http://www.ncbi.nlm.nih.gov/pubmed/17904936>.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Spine Journal, 11(3), 197-204, and 2013 AHA/ACC/TOS Guideline for the Management of Overweight and Obesity in Adults, A Report of the American College of Cardiology/American Heart Association Task Force on Practice Guidelines and The Obesity Society. Journal of Th

Decision rationale: This injured worker has been denied a weight loss program referral. A pilot prospective cohort study suggested that a 52 week multidisciplinary, supervised nonsurgical weight loss program in obese patients with low back pain improved pain and function. There is no documentation in the records of his current or prior weight or BMI (body mass index) or attempts at other past weight loss modalities or exercise programs other than physical therapy. Additionally, per the 2013 AHA/ACC/TOS Guideline for the Management of Overweight and Obesity in Adults: A Report of the American College of Cardiology/American Heart Association Task Force on Practice Guidelines and The Obesity Society, healthcare providers should develop individualized weight loss plans that include three key components: a moderately reduced calorie diet, a program of increased physical activity, and the use of behavioral strategies to help patients achieve and maintain a healthy body weight. The records also do not document a comprehensive weight loss plan and do not support medical necessity. As such, the request is not certified.