

Case Number:	CM13-0014823		
Date Assigned:	10/03/2013	Date of Injury:	08/30/2008
Decision Date:	02/04/2014	UR Denial Date:	08/06/2013
Priority:	Standard	Application Received:	08/21/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Family Practice, has a subspecialty in Preventative 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 physician 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 female claimant sustained a work injury 8/30/2008 that resulted in chronic knee pain from a torn meniscus, cervical strain, lumbar discopathy, and plantar fasciitis. Her prior treatments have included shock wave therapy, arthroscopic knee surgery, therapy, and orthotics. Prior to the injury, she weighed 265 lbs. As of 2/6/13, she weighed 320 lbs. The treating physicians have attributed the weight gain due to inability to exercise from the injury and maintain working status. The weight gain was attributed to the work injury and a recommendation for a weight loss program was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Weight reduction program: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chapter 13 Knee Complaints Page(s): 288-306.

Decision rationale: The MTUS/ACOEM Guidelines indicate that aerobic exercise is recommended for acute, subacute, or chronic low back pain, and post-operative patients. The guidelines also recommend slump stretch-related exercise or directional preference stretching exercises for acute, subacute, or chronic low back pain, and strengthening exercises (after

instituting aerobic exercises) for acute, subacute, or chronic low back pain. The guidelines indicate that aerobic exercise is strongly recommended for the treatment of knee osteoarthritis. In this case, there is no documentation of involvement in a dietary /caloric intake modification plan. There is no documentation of an appropriate exercise regimen after injury or surgeries. The guidelines do not indicate the necessity for a weight loss program.