

Case Number:	CM13-0018850		
Date Assigned:	10/01/2013	Date of Injury:	11/15/2004
Decision Date:	01/17/2014	UR Denial Date:	08/04/2013
Priority:	Standard	Application Received:	08/30/2013

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 Physical Medicine and Rehabilitation, 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 underlying date of injury in this case is 11/15/2004. Treating diagnoses include lumbar radiculitis, cervical radiculitis, status post left total knee replacement, osteoarthritis of the right knee, chronic pain, anxiety, depression, and acute left heel pain. Treating physician notes indicate that a right total knee arthroplasty has been discussed for treatment of osteoarthritis. However, weight reduction has been recommended for the patient. The treatment notes that the patient had unsuccessfully tried dieting on her own and had gained weight. A prior physician review concludes that there is no indication that a specific daily calorie consumption appropriate for gradual weight loss has been established and that the necessity of a weight loss program has not been established.

IMR ISSUES, DECISIONS AND RATIONALES

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

One weight loss program: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation U.S. Preventive Services Task Force, Screening for and management of obesity in adults: U.S. Preventive Services Task Force recommendation statement. Ann Intern Med. 2012 Sep 4;157(5): 373-8, The World Gastroenterology Organization (WGO) Global Guideline: Obesity.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 45-56.

Decision rationale: ACOEM Guidelines state, "Variance from expectations: If the patient is not recovering as he or she expects, the patient and clinician should seek reasons for the delay and address them appropriately." The Guidelines would, therefore, support further clinical assistance or consultation given the patient's unsuccessful attempts at weight loss which would be indicated for the treatment of her knee. However, the current request for a weight loss program is not specific in terms of which type of weight loss program is recommended and the degree of medical supervision which would be involved. Therefore at this time, the request is not specific and not clearly medically supervised and therefore is not supported by the guidelines. The request for one weight loss program is not medically necessary and appropriate.