

Case Number:	CM13-0020797		
Date Assigned:	10/11/2013	Date of Injury:	11/29/2012
Decision Date:	02/28/2014	UR Denial Date:	08/26/2013
Priority:	Standard	Application Received:	09/06/2013

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, has a subspecialty in Pain Management, 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.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a female patient with a date of injury of November 29, 2012. A utilization review determination dated August 26, 2013 recommends noncertification for a 10 week weight loss program and noncertification for referral to an internist. A progress report dated September 26, 2013 includes subjective complaints of left knee pain. The note indicates that the patient continues conservative treatment including physical therapy and anti-inflammatory medications. Past medical history includes diabetes, high cholesterol, and high blood pressure. Physical examination identifies normal right knee range of motion, no medial or lateral joint line tenderness, negative McMurray's test, normal patellar tracking, and negative orthopedic tests. The left knee reveals laxity to the medial collateral ligament of 2+, positive McMurray's test, tenderness to help patient of the medial plica, and positive squat test. Diagnoses include left knee residual medial collateral ligament laxity, underlying articular cartilage damage medial joint line compartment, and patellar tracking abnormality. The treatment plan recommends consideration for diagnostic arthroscopic surgery, allograft and medial collateral ligament reconstruction. Additionally, postoperative physical therapy is requested. An appeal letter dated September 4, 2013 indicates that the "patient is alleging that her diabetes and hypertension when out of control because of her industrial injuries. She required adjustment of her medications. I am an orthopedic surgeon. This is clearly out of my area of expertise. I am requesting authorization for the patient to see [REDACTED], an internist in [REDACTED] for evaluation and treatment if needed on an industrial basis of her diabetes and hypertension. The patient is 5 foot 5 and approximately 320 pounds. She has battled weight issues for a long time. She has never been successful on her own in terms of losing weight. She requires a program that will teach her to count calories. She will not be required to buy the food. Given her morbid obesity hopefully this will help. If not, she may have to be considered for bariatric surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

A ten week weight loss program: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Aetna Clinical Policy Bulletin: Weight Reduction Medications and Programs

Decision rationale: Regarding the request for a weight loss program, ACOEM, Chronic Pain Medical Treatment Guidelines, and Official Disability Guidelines do not contain criteria for the use of a weight loss program. [REDACTED] guidelines state that weight reduction medication or physician supervised weight reduction programs are medically necessary for members "who have a documented history of failure to maintain their weight at 20% or less above ideal or at or below a BMI of 27 when the following criteria are met:" The criteria include BMI greater than 30, or BMI greater than or equal to 27 and less than 30 with comorbid conditions. Within the documentation available for review, the patient's BMI appears to be 53. However, it is unclear specifically what weight reduction strategies the patient has attempted in the past. The documents provided indicate that the patient has not yet tried simple weight reduction techniques such as counting calories, as the requesting physician indicates this is one of the reasons for referral. Guidelines recommend referral for a physician supervised weight reduction program if the patient has documented history of failure of previous weight loss attempts. No documents provided have indicated what specific weight loss strategies have been attempted in the past. The request for a ten week weight loss program is not medically necessary.

A referral to internist [REDACTED]: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Independent Medical Examinations and Consultations Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7), page 127

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Independent Medical Examinations and Consultations Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7), page 127

Decision rationale: Regarding the request for referral to internist, the Chronic Pain Medical Treatment Guidelines do not address this issue. The Independent Medical Examinations and Consultations Chapter of the ACOEM Practice Guidelines supports consultation if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. Within the documentation available for review, the requesting physician has indicated the need for internal medicine consultation due to concerns regarding the patient's diabetes and hypertension. However, there are no objective measurements of the patient's blood pressure or blood sugar to justify the need for an internal

medicine consultation. The request for a referral to internist [REDACTED] is not medically necessary.