

Case Number:	CM13-0024145		
Date Assigned:	11/20/2013	Date of Injury:	06/16/2006
Decision Date:	02/10/2014	UR Denial Date:	09/09/2013
Priority:	Standard	Application Received:	09/16/2013

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 Orthopedic Surgery 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 claimant is a 26-year-old female who was injured in work-related accident 06/16/06, with most recent clinical record for review of 09/04/13, with [REDACTED]. The clinical record indicated a diagnosis of right knee pain, after a 2007 arthroscopy and osteotomy. It states that the claimant is with continued right knee pain, constant in nature, with a clicking and giving way sensation. Objectively there is noted to be positive medial joint clicking, with McMurray's testing, 0 to 135 degrees range of motion, a stable ligamentous examination, with a moderate valgus deformity and trace positive patellar apprehension. The claimant was diagnosed with degenerative arthritis to the knee and recommendations were for an aquatic and physical therapy rehabilitation program, as well as a medically directed weight loss program, and a series of viscosupplementation injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) year medically-directed Weight Loss Program (duration not specified), related to right knee symptoms, as an outpatient: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

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

Decision rationale: The MTUS/ACOEM Guidelines indicate that weight loss, along with other personal risk factors, including issues but not limited to worker fitness, smoking cessation, and a healthy lifestyle would not be necessarily considered issues related to the claimant's work related accident. There would be nothing in this case indicating why the claimant would be unable to perform a weight loss program in and of her own validity. The medical use of a weight loss program given the claimant's chronic clinical findings at present would not be supported as medically necessary at this time.