

Case Number:	CM13-0030200		
Date Assigned:	02/07/2014	Date of Injury:	08/11/2012
Decision Date:	04/23/2014	UR Denial Date:	09/17/2013
Priority:	Standard	Application Received:	09/26/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an Physician Reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The Physician Reviewer is Board Certified in Internal 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 patient is a 42 year old male who was injured on 08/11/2012 due to a violent struggle with an uncooperative inmate. Prior treatment history has included physical therapy and acupuncture. Diagnostic studies reviewed include MRI of the thoracic spine, two views, which reveal mild degenerative end-plate changes. MRI of the left knee performed on 10/25/2012 revealed: 1) Myxoid degeneration in anterior and posterior horns of medial and lateral menisci; 2) Ruptured Baker's cyst tracking down along the medial head of gastrocnemius muscles; 3) Subchondral marrow edema in femoral condyle anteriorly due to contusions; and 4) Small knee joint effusion. MRI of the lumbar spine performed on 09/17/2012 revealed congenitally shortened pedicles contributing to mild-to-moderate spinal stenosis and mild neural foraminal stenosis as in report. MRI of the right shoulder performed on 09/17/2012 revealed: 1) High-grade partial tear of the supraspinatus tendon, with a trace amount of focal subacromial/ subdeltoid bursal fluid at its anterior distal insertion. No focal full-thickness component is seen, although there is severe thinning of the bursal surface fibers of the rotator cuff locally at this level. There is no tendon retraction. If a focal full-thickness component needs to be completely excluded, then perhaps correlation with an MR arthrogram can be beneficial; 2) lower grade, partial tear of the infraspinatus tendon. PR2 dated 08/07/2013 documented the patient to have complaints of right shoulder pain, low back pain, left leg pain, and left knee pain. Objective findings on examination of the right shoulder revealed positive impingement sign; range of motion is painful; Flexion is to 90 degrees and abduction is to 90 degrees. There is tenderness to palpation over the acromioclavicular joint. Examination of the lumbar spine reveals present spasm; range of motion is painful and limited; Lasegue sign is positive bilaterally; straight leg raise is positive bilaterally at 45 degrees; motor weakness is noted 4/5 on the left. There is tenderness to palpation over the midline. Examination of the left knee revealed positive tenderness to palpation over the joint

line. There is patellofemoral crepitation; Apley's grind is positive. There is pain noted with range of motion. The patient was diagnosed with: 1) Left knee internal derangement; 2) Patellofemoral syndrome left knee; 3) Right shoulder rotator cuff tear/tendinitis; 4) Chronic lumbar strain; 5) Lumbar discogenic disease. The patient was recommended for a medically supervised weight loss program as weight reduction would greatly diminish load across joints, relieving low back pain and knee pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

MEDICALLY SUPERVISED WEIGHT LOSS PROGRAM: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Washington State Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Washington Guidelines.

Decision rationale: The request is not certified. There are no guidelines available which discuss the indication for a weight loss program. The Washington Guidelines state that "obesity does not meet the definition of an industrial injury or occupational disease." There is insufficient documentation to discuss what therapy has been tried thus far and why any weight loss regimen has failed. Also, there should be further discussion of the details of the weight loss program requested along with clear indications which fit within guidelines as to why it is necessary at this time. Given the above the request is not certified.