

Case Number:	CM13-0033949		
Date Assigned:	12/06/2013	Date of Injury:	06/18/2011
Decision Date:	04/03/2014	UR Denial Date:	09/20/2013
Priority:	Standard	Application Received:	10/11/2013

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 & Rehabilitation and Pain Management, has a subspecialty in Interventional Spine, 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 28-year-old male with date of injury of 06/18/2011. The listed diagnoses per [REDACTED] dated 07/03/2013 are: (1) Disorders, sacrum, (2) Pain in joint, lower leg-right knee, (3) Long term use of medications NEC, (4) Status post right knee arthroscopy with meniscectomy revision and chondroplasty, 2012. According to progress report dated 07/03/2013 by [REDACTED], the patient complains of right knee pain. He reports his pain is a 6/10 on VAS scale without medications. He recently received his knee brace and has just started wearing it. He states that medications provide him with benefit and improved function and he denies any adverse side effects. Objective findings show that the patient is well-developed, well-nourished, and in no cardiorespiratory distress. He is alert and oriented. The patient ambulates to the examination room without assistance. He does wear right knee brace. The treating physician is requesting a weight loss program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nutritional counseling/weight loss program: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Annals of Internal Medicine, Volume 142, pgs. 1-42, published January 2005, entitled, "Evaluation of the Major Commercial Weight Loss

Programs" by A.G. Tsai and T.A. Wadden; and the Annals of the Royal College of Surgeons of England, November 2, 2009, "Obesity and

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Weight Loss Program (http://www.aetna.com/cpb/medical/data/1_99/0039.html).

Decision rationale: This employee presents with chronic right knee pain. The treating physician is requesting a weight loss program. Progress report dated 09/12/2013 by [REDACTED] shows that the employee is currently doing slightly better with the unloader brace and has recently lost 40 pounds. The employee is currently 6 foot 1 inch, weighing 267 pounds. An MRI of the right knee without contrast dated 12/24/2012 shows inner surface signal abnormality within the lateral meniscus body compatible with degeneration or small tear. Mild degree of bone marrow edema in the medial femoral condyle likely representing resolving contusion and a small joint effusion. Utilization review dated 09/20/2013 denied the request stating, "The patient's BMI is not clear and it is unclear what attempts have been made at weight loss. There is nothing proposed or documented that this patient could not be educated on a low-calorie, low-fat diet, and a simple home exercise program by his primary care physician." MTUS Guidelines page 46, 47 recommend exercise, but states, "There is no sufficient evidence to support the recommendation of any particular exercise regimen over any other exercise regimen." There are no discussions regarding weight loss programs in other guidelines such as ODG or ACOEM. AETNA guidelines allow "up to a combined limit of 26 individual or group visits by any recognized provider per 12-month period" for those with BMI greater than 30 but excludes Weight Watchers, Jenny Craig, Diet Center, Zone diet or similar program. In this request, the treating physician does not specify what weight loss program he is recommending. While it may be appropriate to consider a physician based-weight loss program given the employee's current BMI of 35, other programs are not. The treating physician does not specify the duration of the recommended weight loss program. Furthermore, the reports indicate that the employee has lost 40 lbs and it is not known why the employee cannot continue the weight loss on his own. Recommendation is for denial.