

Case Number:	CM13-0037408		
Date Assigned:	12/13/2013	Date of Injury:	03/15/2011
Decision Date:	05/16/2014	UR Denial Date:	09/20/2013
Priority:	Standard	Application Received:	10/23/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Occupational 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 expert 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 an employee of [REDACTED] and has submitted a claim for right knee pain with an industrial injury date of March 15, 2011. Treatment to date has included medications, a knee brace, right knee injections, and home exercises. The patient was also advised to partake in physical therapy, but failed to attend sessions. Medical records from 2011 through 2013 were reviewed, which showed that the patient complained of chronic right knee pain mostly over the lateral aspect radiating distally toward the ankle and proximally up toward the lateral aspect of the right hip. She also complained of foot pain. No sciatic symptoms were reported. The patient was previously declared permanent stationary but has been working fulltime with her usual work duties. On physical examination, her weight was 295 lbs and her height was 5 feet 6 inches (BMI 47.61). She was ambulatory with a single-point cane with an Ace bandage on her knee. No antalgic limp noted. There was boggy synovial swelling and crepitus with knee movement. There was tenderness over the lateral joint line. There was no leg swelling, no edema, and no signs of deep vein thrombosis (DVT). There was lack of at least 15 degrees of extension with about 15-degree flexion contracture. Utilization review from September 20, 2013 modified the request for [REDACTED] weight management program to Weight loss program [REDACTED] for 4 months with documentation of attendance and recording of weight loss achieved (goal 16-20 pounds) because there was no data submitted regarding proven outcomes of the former program.

IMR ISSUES, DECISIONS AND RATIONALES

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

A WEIGHT LOSS PROGRAM THROUGH ██████████ WEIGHT MANAGEMENT PROGRAM: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Washington State Department of Labor and Industries, Medical Aid Rules & Fee Schedules Guidelines Professional Services, Obesity Treatment.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Aetna Clinical Policy Bulletin no. 0039 Weight Reduction Medications and Programs

Decision rationale: The California MTUS Guidelines do not address weight loss programs specifically. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Aetna Clinical Policy Bulletin no. 0039 Weight Reduction Medications and Programs was used instead. According to the Aetna Clinical Policy, criteria for the usage of weight reduction programs and/or weight reduction medications include individuals with a BMI greater than or equal to 30, or those individuals with BMI greater than or equal to 27 with complications including coronary artery disease, dyslipidemia, hypertension, obstructive sleep apnea, and/or diabetes, who have failed to lose at least 1 pound a week for at least six months on a weight-loss regimen that includes a low-calorie diet, increased physical activity, and behavioral therapy. In this case, the patient had a BMI of 47.61 kg/m²; however, there was no documented history of failure of diet modification or exercise to achieve ideal body weight. Moreover, physical therapy was previously advised, and approved, to address the patient's chronic right knee pain but the patient failed to comply. Furthermore, there was no data submitted regarding proven outcomes of the requested program and favoring it over other weight loss programs. Therefore, the request is not medically necessary.