

Case Number:	CM13-0038529		
Date Assigned:	12/18/2013	Date of Injury:	12/03/2009
Decision Date:	02/24/2014	UR Denial Date:	10/09/2013
Priority:	Standard	Application Received:	10/25/2013

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 Geriatrics and is licensed to practice in New York. 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 injured worker is a 59 year old woman who sustained an injury to her right foot in 12/09 after a work related accident. She has been treated for years for joint pain and degenerative joint disease including surgery to her right knee and right shoulder. Her treatment modalities have also included physical therapy, orthotics, cortisone injections to her right heel as well as various diagnostic studies. At issue in this review is a 3 month supervised weight loss program. In 2012, her weight was 229lbs and her height was 4 feet, 11 inches. On 8/27/13, her weight was 223lbs. She was seen by the treating physician and complained of pain in her right knee and was undergoing hyalgan injections in her left knee. She was being treated for depression by her psychologist. Her physical exam showed decreased lumbar range of motion, and positive straight leg raise test at 50 degrees. She had crepitus in her knees and a varus deformity of her right knee. She had pain in her back and right leg. Her diagnoses included, anxiety, depression, insomnia, lumbar strain, chronic pain secondary to right foot plantar fasciitis, left knee overload pain and right ankle internal derangement. A medical supervised weight loss program for 3 months was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

MEDICAL 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 Laura P. Svelkey et al. Comparison of

Strategies for Sustaining Weight Loss: The Weight Loss Maintenance Randomized Controlled Trial JAMA 2008;299(10):1139-1148.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Spine J. 2011 Mar;11(3):197-204. Pilot evaluation of a multidisciplinary, medically supervised, nonsurgical weight loss program on the severity of low back pain in obese adults and 2013 AHA/ACC/TOS Guideline f

Decision rationale: This injured worker has had relatively stable weight in the past years with a recent BMI calculated at 45kg/m² which is in the obesity range. A pilot prospective cohort study suggested that a 52 week multidisciplinary, supervised nonsurgical weight loss program in obese patients with low back pain improved pain and function. However, a 3 month program was requested and there is no documentation in the records of attempts at other past weight loss modalities or exercise programs. Additionally, per the 2013 AHA/ACC/TOS Guideline for the Management of Overweight and Obesity in Adults: A Report of the American College of Cardiology/American Heart Association Task Force on Practice Guidelines and The Obesity Society, healthcare providers should develop individualized weight loss plans that include three key components - a moderately reduced calorie diet, a program of increased physical activity and the use of behavioral strategies to help patients achieve and maintain a healthy body weight. The records also do not document a comprehensive weight loss plan or what the weight loss is targeting with regards to function or pain. The records do not support the medical necessity.