

Case Number:	CM13-0047491		
Date Assigned:	12/27/2013	Date of Injury:	10/05/2010
Decision Date:	02/28/2014	UR Denial Date:	10/28/2013
Priority:	Standard	Application Received:	11/03/2013

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 Family Practice, 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 50-year-old who reported an injury on 10/05/2010. The patient is diagnosed with degenerative joint disease. The patient was seen by [REDACTED] on 11/26/2013. It is noted that the patient has been actively participating in a Lindora weight loss program, in which he has lost 34 pounds. Physical examination revealed medial joint line tenderness, growth of medial collateral laxity, decreased range of motion, and retropatellar crepitation with pain. Treatment recommendations included a total knee arthroplasty with a 3-day inpatient stay, assistant surgeon, CPM (continuous passive motion) machine, cooling device, and postoperative physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lindora Weight Loss Program, a sixth 10-week session: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Diagnosis and Treatment of Adult Degenerative Joint Disease (DJD)/Osteoarthritis (OA) of the Knee."

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 7.

Decision rationale: The Chronic Pain Medical Treatment Guidelines states that functional restoration is an established treatment approach that aims to minimize the residual complaints and disability resulting from acute and/or chronic medical conditions. Independent self management is the long term goal of all forms of functional restoration. The principles of functional restoration apply to all conditions in general, and are not limited to injuries or pain. As per the documentation submitted, the patient has had over 1 year's worth of supervised weight loss. There is no clear rationale as to why the patient requires further supervised weight loss and cannot participate in an independent program. It is also noted, by [REDACTED], the patient's current weight places him in an appropriate category for a total knee arthroplasty at this time. The request for the Lindora Weight Loss Program, a sixth 10-week session, is not medically necessary or appropriate.