MAXIMUS Federal Services

Case Number:	CM13-0048031		
Date Assigned:	12/27/2013	Date of Injury:	03/07/2005
Decision Date:	02/21/2014	UR Denial Date:	10/24/2013
Priority:	Standard	Application Received:	11/05/2013

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, 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:

According to report dated 09/27/2013 by [redacted], patient presents with ongoing right knee symptomatology. Patient reports her condition is progressively getting worse and has been taking Norco more often due to her knee pain. Examination of the right knee reveals decreased range of motion. Medial joint line tenderness is noted. There is also tenderness to the posterior fossa. McMurray's sign is positive. Mild instability noted. Treater states patient has gained approximately 18 pounds in about 8 weeks due to inability to ambulate. MR arthrogram of the right knee dated 07/24/2013 reveal small focal full thickness cartilage defect over the central weight bearing surface of the medial femoral condoyle. Treater encourages patient "to decrease her caloric intake and fatty food intake" and recommends Medical Weight Loss Program such as "Lindora".

IMR ISSUES, DECISIONS AND RATIONALES

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

A medical weight loss program: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Aetna Weight Reduction Medication and Programs Guidelines.

Decision rationale: This patient presents with ongoing right knee symptomatology. The treater is requesting a weight loss program. The MTUS, ACOEM and ODG guidelines do not discuss Weight Loss Programs specifically. However, [redacted] Weight Reduction Medications and Programs states that weight reduction medications and programs are considered medically necessary for members who have failed to lose at least one pound per week after at least 6 months on a weight loss regimen that includes a low calorie diet, increased physical activity, and behavioral therapy, and who meet either of the following selection criteria including: BMI greater than or equal to 30, Coronary heart disease, Dyslipidemia, Hypertension, Obstructive sleep apnea, and Type 2 diabetes mellitus. Weight reduction medications are considered experimental and investigational when these criteria are not met. Thorough review of the medical records provided do not show patient meets any of the criteria recommended for a weight reduction program. Recommendation is for denial.