

Case Number:	CM13-0050569		
Date Assigned:	12/27/2013	Date of Injury:	08/16/1999
Decision Date:	04/29/2014	UR Denial Date:	11/04/2013
Priority:	Standard	Application Received:	11/13/2013

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 Internal 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 a 72 year old female who was injured on 08/16/1999. The mechanism of injury is unknown. Prior treatment history has included Norco and Nucynta. The patient underwent a right total knee replacement in 1998 and left TKR in 1999. The patient utilized a wheelchair. PR-2 dated 09/11/2013 indicated the patient is obese and bound to a wheelchair. It is recommended the patient begins a weight loss program as the patient's weight is 268 pounds with a height of 5' 2" and BMI of 49 therefore it was requested. The patient is extremely obese and needs to lose weight in order to proceed with knee surgery, if authorized 10 weeks with [REDACTED] program. PR-2 dated 10/28/2013 indicated she continues to complain of right knee pain. She reports she is now living in a convalescent home and has been moving from home to home and did not have access to a phone to schedule appointment with [REDACTED]. The objective findings on exam revealed bilateral knee had mild peripatellar swelling. She was tender to palpation over the medial joint line and lateral joint line with decreased range of motion. The patient is diagnoses with status post right TKR with evidence of loosening and status post left TKR.

IMR ISSUES, DECISIONS AND RATIONALES

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

[REDACTED] **PROGRAM QTY:1.00:** Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation CMS Treatment of Obesity

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Clinical Guidelines on the Identification, Evaluation, and Treatment of Overweight and Obesity in Adults: The Evidence Report.

Decision rationale: Obesity can be a result of many factors, including family history, lifestyle and underlying medical problems (i.e. hypothyroidism, cushing's disease). If a patient is obese, a basic work up for medical causes resulting in obesity should be done (ie. Checking thyroid levels, basic metabolic panel, etc). Furthermore, once medical causes have been worked up, according to the NIH guidelines, obese patient's should first be asked if they are interested in losing weight. Patient's who are interested in losing weight with BMI's >30 (irrespective of comorbidities) should undergo combined therapy with a low-calorie diet (LCD), increased physical activity, and behavior therapy. Pharmacotherapy is also indicated if BMI is >30. In patient's with comorbidities, surgery should also be considered. This patient is documented as having a BMI of 49, but there are no records that demonstrate she has comorbidities. Thus, she should undergo at least LCD, increased physical activity, behavioral therapy and pharmacotherapy if she is interested. Although a weight loss program such as [REDACTED] might result in weight loss, there is no documentation that the patient is interested in losing weight. Furthermore, while weight loss is certainly beneficial, this can be achieved with diet, exercise, behavioral therapy and pharmacotherapy as mentioned above. A specific weight loss program such as [REDACTED] is not medically necessary. Thus, the request is not certified.