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| Case Number: | CM13-0055244 | | |
| Date Assigned: | 04/25/2014 | Date of Injury: | 04/06/2013 |
| Decision Date: | 08/13/2014 | UR Denial Date: | 10/24/2013 |
| Priority: | Standard | Application Received: | 11/20/2013 |

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 Orthopedic Surgery 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 injured worker is a 36-year-old individual who was reportedly injured on 4/6/2013. The mechanism of injury was noted as an industrial injury. The most recent progress note, dated 10/8/2013, indicates that there were ongoing complaints of bilateral knee pains. The physical examination demonstrated right knee 2+ effusion, positive medial joint line tenderness, lateral joint line tenderness both anterior/posterior, as well as a positive McMurray's test. The physical exam of the left knee noted positive tenderness to palpation at the medial joint line, and a positive McMurray's test. Diagnostic imaging studies included bilateral knee magnetic resonance images (MRIs) from 8/1/2013. The right knee MRI revealed a medial meniscal tear. The left knee MRI revealed a possible medial meniscal tear. The right elbow MRI was essentially normal. An MRI of the thoracic spine revealed disc protrusion at T3-T4, T6-T7, T7-T8 and T9-T11. The cervical spine MRI revealed multilevel disc bulges with no acute herniation. Previous treatment included steroid injections and medications. A request had been made for a weight loss program for 10 weeks, and was not certified in the pre-authorization process on 10/24/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

WEIGHT LOSS PROGRAM X 10 WEEKS: 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 The Annals of Internal Medicine, Volume 142, pages 1 through 42, January 2005, "Evaluation of Major Commercial Weight Loss Programs" by AG Tsai and TA Wadden.

Decision rationale: The article indicates that counseling for diet and exercise as well as behavior therapies is the mainstay treatment of obesity. The researchers indicated that nothing was provided through these programs that could not be taught to the patient through a registered dietician. Specifically, the use of a low calorie, low-fat diet with a simple home exercise program. After review of the medical documentation provided, the injured worker did not have any red flags, or unique circumstances necessitating the referral to a weight loss program. Therefore, this request is not medically necessary.