

<b>Case Number:</b>	CM13-0057533		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	12/01/2009
<b>Decision Date:</b>	05/06/2014	<b>UR Denial Date:</b>	11/12/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/25/2013

### 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 Physical Medicine & Rehabilitation 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 47-year-old male who reported an injury on 12/01/1997 to 03/16/2009. The mechanism of injury on one occasion was noted to be twisting his bilateral knees while operating a hydraulic hose. Second incident occurred while pushing a large trash bin on an incline injuring the right knee. Third incident occurred while stepping off a truck to retrieve a trash bin when the right knee buckled causing the injured worker to fall forward. His symptoms included persistent locking, popping, and giving way of the bilateral knees. Physical examination of the bilateral knees revealed tenderness to palpation over the medial joint lines, right side much worse than left. Tenderness to palpation was also present over the peripatellar region, right side worse than left. Patellofemoral crepitus was present with passive ranging, bilaterally. There was no laxity with Lachman's test, anterior and posterior drawer test, valgus, or varus stress tests. Compression/Grind test elicits retropatellar pain. Range of motion of the right knee was noted to be 115 degrees and left knee 118 degrees. Gross sensory, motor and reflex testing of the bilateral lower extremities revealed no evidence of focal or neurologic deficit. Past medical treatment included medications. Diagnostic studies include radiographs of the bilateral knees, revealed slight patellofemoral degenerative changes, as well as medial compartment narrowing, bilaterally. On 09/10/2013, a request for 1 weight loss program with [REDACTED] for 10 weeks has been made due to extreme obesity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 WEIGHT LOSS PROGRAM WITH [REDACTED] FOR 10 WEEKS:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation U.S. Preventive Services Task Force (USPSTF)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) DIABETES , LIFESTYLE (DIET & EXERCISE) MODIFICATIONS/EXERCISE.

**Decision rationale:** The California MTUS/ACOEM Guidelines do not address weight loss. The Official Disability Guidelines state lifestyle, diet, and exercise modifications are recommended as first line interventions. Reduction of obesity and an active lifestyle can have major benefits. Dietary modifications that include a low fat diet, a low glycemic index diet, and a low carb low hydrate diet found that participants used up the most energy with the low carbohydrate diet, but there were metabolic disadvantages to this approach and the low glycemic diet is recommended. The low fat diet resulted in the worst outcomes. The low glycemic diet is best for weight loss and cardiovascular disease prevention. The guidelines further state structured exercise training of more than 150 minutes per week is associated with greater improvement than that of 150 minutes or less per week. There is now good evidence that regular physical activity improves glucose control and persons with type 2 diabetes mellitus. For persons with type 2 diabetes mellitus, recommendations include flexibility and strength training exercises with aerobic exercise. The documentation submitted for review indicated the injured worker had a body mass index of 40 consistent with extreme obesity. The documentation further stated the injured worker had not been able to manage his weight on his own and his current weight is aggravating his orthopedic condition relative to his knees. A weight loss goal of 60 to 70 pounds was recommended to help reduce gravitational stress on the injured worker's knees and reduce pain, reduce the need for prescription medication, reduce the need for office-based medical care and increase tolerant for weight bearing activities. However, as the documentation stated the injured worker had not been able to manage his weight on his own, it failed to provide details of previous attempts for weight loss. Therefore, the request is not supported. Given the above, the request for 1 weight loss program with [REDACTED] for 10 weeks is non-certified.