MAXIMUS Federal Services

Case Number:	CM13-0058599		
Date Assigned:	12/30/2013	Date of Injury:	04/20/2010
Decision Date:	05/06/2014	UR Denial Date:	11/21/2013
Priority:	Standard	Application Received:	11/27/2013

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 and 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 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 52 year-old female with the date of injury of 04/20/2010. The listed diagnoses per [redacted] are: 1. CMC joint arthrosis. 2. Possible chip fracture, base of left 1st metacarpal. 3. Numbness in the left hand. 4. Bilateral carpal tunnel syndrome. 5. Left shoulder tendinitis. 6. Flexor pollicis longus tenosynovitis. 7. Ulnocarpal ganglion cyst. According to the report dated 09/11/2013 by [redacted], the patient presents with pain in both right and left knees. She continues to experience pain through the medial and lateral retinacular regions particularly with prolonged standing, walking, stair climbing, and other similar activities. She is frustrated and depressed and has gained 60 pounds which has also increased the stress and discomfort in her knees. Examination of the knee revealed diffuse tenderness in the right and greatest along the medial joint line and through the lateral radicular region. Mild to moderate crepitation is noted with knee motion. Stability of the knee is satisfactory. Knee range of motion remains satisfactory, 0 to 120 degrees. The left knee exam reveals no swelling. However, there is some tenderness at the level of the pes anserinus insertion in the proximal medial tibia. There is some mild peripatellar tenderness with some clicking noted on knee flexion and extension. The treater states the patient continues to experience significant bilateral pain and the recent weight increase do present an issue. The treater requests a weight loss program.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE WEIGHT LOSS PROGRAM: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation AETNA WEIGHT REDUCTION MEDICATIONS AND PROGRAMS

Decision rationale: The patient presents with complaints of bilateral knee pain. The treater is requesting that patient participate in a formal weight loss program to see if it can help her lose weight, which will decrease the stress on her painful knees and hopefully preclude the need for more aggressive surgical intervention anytime soon. The MTUS, ACOEM and ODG guidelines do not discuss Weight Loss Programs specifically. However, Aetna Weight Reduction Medications and Programs (Number: 0039) states, "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." Review of medical records from12/03/2012 to 09/11/2013, do not show that this patient meet any of the criteria provided by Aetna for a weight reduction program. Furthermore, the treater does not discuss if any other measures of weight loss have been tried and failed. Aetna states weight reduction programs are considered for patients who have failed to lose weight after low calorie diet and physical activities. Recommendation is for denial.