

<b>Case Number:</b>	CM13-0058750		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	07/25/2011
<b>Decision Date:</b>	04/09/2014	<b>UR Denial Date:</b>	10/28/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/27/2013

### 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 Anesthesiology, has a subspecialty in Acupuncture & Pain 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 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:

This patient is a 54-year-old female injured worker with date of injury 7/25/11. She is diagnosed with left knee internal derangement; right knee internal derangement; status post left knee surgery x2 (1992 & 2011). Magnetic resonance imaging (MRI) of the left knee 1/17/13 revealed tricompartmental osteoarthritic changes, bucket handle tear posterior horn of the lateral meniscus with flip meniscal fragments seen centrally, globular increased signal intensity posterior horn of the medial meniscus was consistent with intrasubstance degeneration. She has been treated with physical therapy, acupuncture, and medication management. The date of utilization review decision was 10/28/13.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**WEIGHT LOSS PROGRAM:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine Practice Guidelines Occupational medicine practice guidelines, Reed group/The medical disability advisor, and Official Disability Guidelines (ODG).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation lindora.com

**Decision rationale:** The MTUS is silent on weight management clinics. However, the MTUS does state "Treatment shall not be denied on the sole basis that the condition or injury is not addressed by the MTUS. In this situation, the claims administrator shall authorize treatment if such treatment is in accordance with other scientifically and evidence-based, peer-reviewed, medical treatment guidelines that are nationally recognized by the medical community, in accordance with subdivisions (b) and (c) of section 9792.25, and pursuant to the Utilization Review Standards found in section 9792.6 through section 9792.10." A review of the [REDACTED] [REDACTED] weight loss program website reveals that it represents itself as a comprehensive program that addresses the physical as well as the mental and lifestyle issues of weight control. However, there is no evidence that this particular weight loss program is in accordance with other scientifically and evidence-based, peer-reviewed, medical treatment guidelines that are nationally recognized by the medical community. As such, it cannot be affirmed as medically necessary.