

<b>Case Number:</b>	CM13-0059301		
<b>Date Assigned:</b>	04/25/2014	<b>Date of Injury:</b>	10/20/2009
<b>Decision Date:</b>	07/07/2014	<b>UR Denial Date:</b>	11/21/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/02/2013

### 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 Occupational 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:

This is a 34-year-old male with a 10/20/09 date of injury. He was employed by and is a maintenance worker and injured his knee and back two years ago. On 10/15/13, the patient is noted to have increased left knee pain. He has bilateral knee degenerative joint disease and may need bilateral total knee replacements in the future. Due to the patient's persistent low back and knee pain, as well as the inability to complete any physical activity due to severe pain in the knees, a medically supervised weight loss program is being requested. A reduction in the patient's weight will help to significantly reduce the pressure on his knees and lumbar spine, and help with his co-morbidities of diabetes and hypertension. The patient is 5'10" and 285 pounds. The treatment to date: Synvisc injections, medication management, activity modification. A UR decision dated 11/21/13 denied the request based on the fact that there is no documentation of why the patient cannot perform a home weight loss program.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**WEIGHT LOSS PROGRAM ( ██████████ OR ██████████ ) NO FREQUENCY OR DURATION SPECIFIED, AS AN OUTPATIENT FOR LOW BACK INJURY:**

Overtured

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): Table 12-2: Summary of Recommendations, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Knee Complaints Chapter (ACOEM

Practice Guidelines, 2nd Edition (2004), Chapter 13), Table 13-2: Summary of Recommendations.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Annals of Internal Medicine, Volume 142, pages 1-42, January 2005 "Evaluation of the Major Commercial Weight Loss Programs." by Tsai, A and Wadden, TA; Aetna Clinical Policy Bulletin: Weight Reduction Medications and Programs.

**Decision rationale:** Physician supervised weight loss programs are reasonable in patients who have a documented history of failure to maintain their weight at 20 % or less above ideal or at or below a body mass index (BMI) of 27 when the following criteria are met: BMI greater than or equal to 30 kg/m; or a BMI greater than or equal to 27 and less than 30 kg/m and one or more of the following comorbid conditions: coronary artery disease, diabetes mellitus type 2, hypertension (systolic blood pressure greater than or equal to 140 mm Hg or diastolic blood pressure greater than or equal to 90 mm Hg on more than one occasion), obesity-hypoventilation syndrome (Pickwickian syndrome), obstructive sleep apnea, or dyslipidemia (HDL cholesterol less than 35 mg/dL ; or LDL cholesterol greater than or equal to 160 mg/dL; or serum triglyceride levels greater than or equal to 400 mg/dL. In this case, this patient is 5 feet 10 inches and weighs 285 pounds. He has a BMI of 40.9. He has diabetes and hypertension, and is only 34 years old. In addition, he has severe bilateral knee arthritis and may need knee replacements in the future. He is documented to have difficulty exercising due to severe pain in both knees, which leads to difficulty in losing weight. The weight loss would decrease the pressure on his knees, as well as his lower back. This request, as submitted, is medically necessary.