

Case Number:	CM13-0061697		
Date Assigned:	12/30/2013	Date of Injury:	09/29/2010
Decision Date:	03/21/2014	UR Denial Date:	11/22/2013
Priority:	Standard	Application Received:	12/05/2013

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 Internal Medicine, Geriatric Medicine

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 43 year old woman with a date of injury of 9/29/10. She was seen by her primary treating physician on 10/9/13. She is status post right knee replacement surgery on 8/22/13. She was ambulatory with a cane. Her diagnoses included contusion/sprain of right knee, status post total right knee replacement, and sprain. Left ankle and lumbar musculoligamentous strain/sprain injury. It is noted that she has gained 36lbs since her injury and authorization for a weight reduction program was requested. There was no weight documented in that visit however in a visit from 10/15/13, her height was 4'10" and weight 160lbs. At issue in this review is a weight reduction program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Weight reduction program: 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 2013 AHA/ACC/TOS Guideline for the Management of Overweight and Obesity in Adults: A Report of the American College of Cardiology/American Heart Association Task Force on Practice Guidelines and The Obesity Society. J Am Coll Cardiol. 2013.

Decision rationale: This injured worker has a recent BMI calculated at 33.4kg/m² which is in the obesity range. A pilot prospective cohort study suggested that a 52 week multidisciplinary, supervised nonsurgical weight loss program in obese patients with low back pain improved pain and function. A weight loss program was requested as she has gained 36 lbs due to immobility related to her injury. There is no documentation in the records of attempts at other past weight

loss modalities or exercise programs. Additionally, per the 2013 AHA/ACC/TOS Guideline for the Management of Overweight and Obesity in Adults: A Report of the American College of Cardiology/American Heart Association Task Force on Practice Guidelines and The Obesity Society, healthcare providers should develop individualized weight loss plans that include three key components - a moderately reduced calorie diet, a program of increased physical activity and the use of behavioral strategies to help patients achieve and maintain a healthy body weight. The records also do not document a comprehensive weight loss plan or what the weight loss is targeting with regards to function or pain. The records do not support the medical necessity.