

Case Number:	CM13-0066418		
Date Assigned:	01/03/2014	Date of Injury:	12/30/2012
Decision Date:	04/11/2014	UR Denial Date:	12/04/2013
Priority:	Standard	Application Received:	12/16/2013

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:

The patient is an employee of [REDACTED] who has filed a claim for right knee pain associated with an industrial injury sustained on December 30, 2012. Treatment to date has included right knee sleeves, physical therapy, and right knee arthroscopy with partial medial meniscectomy, home exercises and analgesic medicine. Medical records from 2013 were reviewed. The patient had persistent right knee pain since her injury and was temporarily totally disabled off work as her employer was unable to accommodate any restrictions. She had undergone right knee arthroscopy with partial medial meniscectomy on April 30, 2013. Osteoarthritis of the right knee was also reported on May 30, 2013, but is not related to the industrial injury. In a report from August 1, 2013, the patient was stated to have been released on restrictive work duties since May 30, 2013, but had not yet returned to work since. It was not stated whether the patient did return to work. Other health issues include blood pressure elevations (140-160/100 mmHg) noted on progress notes dated January 10, 17, and 25 of 2013, and morbid obesity. There is notable weight loss however, from 203 lbs (body mass index 41.82) in January 2013, to 194 lbs in May 2013. There was no mention of any weight loss program recommendation until August 2013 and it was not stated whether the patient has undergone one.

IMR ISSUES, DECISIONS AND RATIONALES

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

INITIAL FCE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): 132-139. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES.

Decision rationale: According to the California ACOEM and the Official Disability Guidelines, functional capacity evaluations (FCE) are used to further assess current work capability of a patient. FCEs are considered if there are prior unsuccessful return to work attempts. In this case, the patient was stated to have been released on restrictive work duties since May 30, 2013, but had not yet returned to work since, according to a report done on August 1, 2013. There is no clear evidence that the patient has already returned to work and had failed return to work attempts. There is also very limited information regarding the nature of work of the patient. Therefore, an FCE is not medically necessary.

██████████ **WEIGHT LOSS PROGRAM:** Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MEDICAL DISABILITY ADVISOR.

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, AG AND WADDEN, TA; AETNA CLINICAL POLICY BULLETIN: WEIGHT REDUCTION MEDICATIONS AND PROGRAMS.

Decision rationale: According to the Annals of Internal Medicine, 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 BMI of 27 when the following criteria are met: BMI greater than or equal to 30 kg/m² and a comorbid condition such as 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). The patient is morbidly obese with a BMI of 41.82 with blood pressure elevations (140-160/100 mmHg) noted on progress notes dated January 10, 17, and 25 of 2013. However, these health conditions are not work-related and there is no connection between the obesity and the industrial injury or its treatment. A weight loss program was recommended in a progress report done on August 1, 2013; however, the indication for this program was not stated. The ██████████ weight loss program is therefore not medically necessary.