

Case Number:	CM14-0002739		
Date Assigned:	01/29/2014	Date of Injury:	10/16/2010
Decision Date:	06/27/2014	UR Denial Date:	12/18/2013
Priority:	Standard	Application Received:	01/08/2014

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 a 52-year-old female who has submitted a claim for osteoarthritis medial compartment of left knee, diabetes mellitus, and hypertension, status post arthroscopy, partial medial meniscectomy, chondroplasty of medial femoral condyle, chondroplasty of patella, and extensive synovectomy (12/20/2010); associated from an industrial injury date of 10/16/2010. The medical records from 02/23/2012 to 10/28/2013 were reviewed and showed that patient complained of left knee pain aggravated by bending, stooping, squatting, and prolonged standing and walking. She also reports weakness of the left knee causing occasional loss of balance. She ambulates using a cane. Physical examination showed that patient has an antalgic gait. There is slight left knee effusion and medial joint line tenderness. Range of motion is limited by pain. Sensation is intact. Body mass index is 40.6 kg/m². The treatment to date has included Celebrex, Metformin, Glyburide, Glucovance, Prilosec, Anaprox, Synvisc injections, Voltaren, Tylenol, atenolol, ferrous gluconate, ibuprofen, Simvastatin, and knee arthroscopy (12/20/2010). A utilization review, dated 12/18/2013, denied the request for a weight reduction program because the treatment of obesity unrelated to a medical condition is not considered reasonable and necessary.

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 Department of Health and Human Services/Centers for Medicare and Medicaid Services.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Aetna Clinical Policy Bulletin no. 0039, Weight Reduction Medications and Programs

Decision rationale: The CA MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Aetna Clinical Policy Bulletin no. 0039 was used instead. The criteria for the usage of weight reduction programs and weight reduction medication include individuals with body mass index (BMI) greater than or equal to 27 with complications including coronary heart disease, dyslipidemia, hypertension, obstructive sleep apnea, and/or diabetes. Patients who have failed to lose at least one pound a week for at least six months on a weight-loss regimen that includes a low calorie diet, increased physical activity, and behavioral therapy may be enrolled. In this case, the patient's weight is noted to have a significant contribution in the patient's knee pain having a body mass index of 40.6 kg/m². However, there has been no discussion concerning lifestyle modifications the patient has attempted. Therefore, the request for weight loss program is not medically necessary.