

Case Number:	CM14-0009370		
Date Assigned:	02/12/2014	Date of Injury:	01/09/2012
Decision Date:	06/24/2014	UR Denial Date:	01/06/2014
Priority:	Standard	Application Received:	01/24/2014

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 Geriatrics and is licensed to practice in New York. 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 injured worker is a 58 year old woman with a date of injury of 1/9/12. She was seen by her physician on 12/30/13 with complaints of knee pain. A recent MRI showed tricompartmental degenerative changes and meniscus tears. She had to lose a significant amount of body weight for any surgery to be successful and then was referred for evaluation of knee surgery but the records indicate this would not take place until she lost weight. Her medications included ultram, voltaren, clindamycin, levothyroxine and vitamins. Her exam showed pain with palpation medially and anteriorly with limited range of motion and 4/5 quadriceps strength. McMurray's sign was positive and anterior drawer test was negative. Her diagnosis was knee pain and a referral to a weight loss clinic was requested and is at issue in this review. A weight from 3/13 notes she is 5'4" and weighs 300lbs.

IMR ISSUES, DECISIONS AND RATIONALES

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

WEIGHT LOSS CLINIC: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation AETNA Clinical Policy Bulletin.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Medically Supervised Weight Loss Program: SPINE J. 2011 MAR;11(3):197-204.

Decision rationale: This injured worker has had a The body mass index (BMI) calculated at 51kg/m² from a weight and height noted in a March 2013 note. 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. However, 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 support the medical necessity of a weight loss clinic prior to other modalities for weight loss. The request is not medically necessary and appropriate.