

Case Number:	CM14-0100233		
Date Assigned:	07/30/2014	Date of Injury:	08/30/2011
Decision Date:	10/06/2014	UR Denial Date:	06/19/2014
Priority:	Standard	Application Received:	06/30/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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 45 year old male who reported an injury who initially presented with bilateral knee pain. The utilization review dated 06/19/14 resulted in denial for weight loss program as insufficient information was submitted confirming more conservative treatments addressing the need for weight loss program put weight loss. A clinical note dated 07/11/14 indicated the injured worker complaining of bilateral knee pain. The injured worker demonstrated minimal improvement with physical therapy, bracing, and injections, and knee arthroscopy. The injured worker demonstrated 5/5 strength throughout bilateral lower extremities. A clinical note dated 04/30/14 indicated the injured worker being recommended for aquatic therapy to address ongoing knee complaints. The QME dated 01/08/14 indicated the initial injury occurred as a result of chronic repetitively climbing in and out of a truck with stairs resulting in bilateral knee pain. Subsequently, the injured worker underwent an MRI of bilateral knees which revealed bilateral meniscal tears. The injured worker underwent approximately 12 physical therapy sessions thereafter.

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 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 1.) Cheryl L. Rock, PhD, RD; Shirley W. Flatt, MS; Nancy E. Sherwood, PhD; Njeri Karanja, PhD; Bilge Pakiz, EdD; Cynthia A. Thomson, PhD, RD. October 27, 2010, Vol 304, No. 16. Effect of a Free Prepared Meal and Incentivized Weight Loss Program on Weight Loss and Weight Loss Maintenance in Obese and Overweight Women. 2.) Nejat EJ, Polotsky AJ, Pal L. Predictors of chronic disease at midlife and beyond--the health risks of obesity. *Maturitas*. 2010;65(2):106

Decision rationale: The injured worker complained of bilateral knee pain. A weight loss program is indicated for injured workers who have demonstrated an inability to lose sufficient amount of weight in a reasonable period of time with more conservative methods. No information was submitted regarding previous attempts at weight loss. Additionally, no objective data was submitted confirming the need for weight loss program as no current BMI status was included in the clinical documentation. Given this, the request is not indicated as medically necessary.