

Case Number:	CM14-0010852		
Date Assigned:	02/21/2014	Date of Injury:	03/03/2008
Decision Date:	06/25/2014	UR Denial Date:	12/26/2013
Priority:	Standard	Application Received:	01/27/2014

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 Family 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:

This injured worker's date of injury is 03/03/2008. The patient is being treated for bilateral knee pain. The treating physician states in his outpatient medical note dated 12/30/2013, that the patient complains of severe bilateral knee pain aggravated by walking. He states the patient is morbidly obese. Palpation of the knees produces tenderness along the joint lines. Crepitation is audible on flexion and extension. The diagnoses include morbid obesity, right knee internal derangement, "bone on bone," and patellar tendinopathy. The treating physician is recommending referral to a 10-week weight loss program.

IMR ISSUES, DECISIONS AND RATIONALES

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

TEN (10) WEEKS WEIGHT LOSS PROGRAM: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation CMS 40.5- Treatment of Obesity (Rev. 54, Issued: 04-28-06, Effective: 02-21-06. Implementation: 05-30-06 Carrier/10-02-06 FI).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Uptodate: Treatment of Obesity, [REDACTED]

Decision rationale: There is a number of missing clinical data in this case. The BMI is a standard measure tool use to categorize the severity of the weight problem. The treating

physician did not state what the patient's body mass index (BMI) is. A BMI greater than 30 is the usual definition of clinical obesity. Another important factor in assessing an individual's best course of action to achieve weight loss is to assess comorbidities. Most experts recommend dietary counseling and then a trial of medically supervised diet and exercise to help patients achieve weight loss. The medical record of the treating physician fails to document whether this has been tried or failed. Should a trial of diet and exercise not be sufficient, pharmacotherapy may be another suitable option. There is no consensus in the medical literature to recommend any one type of weight loss program over another. Based on the documentation presented, the request for referral to a weight loss program is non-certified and not medically necessary.