

Case Number:	CM14-0010887		
Date Assigned:	06/11/2014	Date of Injury:	06/05/2010
Decision Date:	07/14/2014	UR Denial Date:	12/21/2013
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 Physical Medicine & Rehabilitation 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 injured worker is a 48-year-old female who reported an injury on 06/05/2008. The mechanism of injury was not provided within the medical records. The agreed medical examination report dated 06/28/2010 indicated the injured worker reported pain all over the body. On physical examination, the injured worker weighed 276 pounds. A follow-up report dated 05/27/2010 indicated diagnoses of myofascial pain of the cervical, thoracic, and lumbar paraspinal muscle, and right greater trochanteric bursitis improving, chronic bilateral shoulder impingement syndrome, right wrist sprain, left carpal tunnel syndrome, weight gain, diabetes noted to be aggravated by a work related injury, bilateral knee internal derangement with meniscus tear per MRI, right hip sprain. The injured worker's prior treatments included diagnostic imaging and medication management. The injured worker's medication regimen included naproxen. The provider submitted a request for [REDACTED] weight loss program to treatment bilateral knees. A Request for Authorization was not submitted for review to include the date the treatment was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

[REDACTED] WEIGHT LOSS PROGRAM TO TREAT BILATERAL KNEES: 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 NATIONAL HEART, LUNG, AND BLOOD INSTITUTE. CLINICAL GUIDELINES ON THE IDENTIFICATION, EVALUATION, AND TREATMENT OF OVERWEIGHT AND OBESITY IN ADULTS--EXECUTIVE SUMMARY.

Decision rationale: The Clinical guidelines indicates dietary modification, weight loss or participation in formal weight reduction programs. There is no recent documentation submitted for review. In addition, there was a lack of documentation of prior dietary modification or participation in a formal weight reduction program. Furthermore, the request does not include the duration or frequency of the proposed program. Therefore, the request for the [REDACTED] weight loss program knees is not medically necessary.