

<b>Case Number:</b>	CM14-0013029		
<b>Date Assigned:</b>	02/24/2014	<b>Date of Injury:</b>	03/13/2010
<b>Decision Date:</b>	07/24/2014	<b>UR Denial Date:</b>	01/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/31/2014

### 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 48-year-old female who has submitted a claim for left knee osteoarthritis associated with an industrial injury date of March 13, 2010. Medical records from 2013 were reviewed. The patient complained of persistent left knee discomfort. Physical examination showed restricted left knee ROM; Clark's test and patellar compression were painful; tenderness over the medial joint line and capsule, infrapatellar tendon including the surrounding musculotendinous structure of the knee. Treatment to date has included NSAIDs, opioids, knee steroid injections, acupuncture, chiropractic sessions, physical therapy, and arthroscopy (6/10/13). Utilization review from January 10, 2014 denied the request for weight loss program for left knee injury because the height, weight, or BMI of the patient were not documented. There was no documentation of self-imposed dieting effort or exercise to lose weight.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **WEIGHT LOSS PROGRAM FOR LEFT KNEE INJURY: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management.

**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: Aetna Clinical Policy Bulletin no. 0039 Weight Reduction Medications and Programs.

**Decision rationale:** The California MTUS does not address weight loss programs specifically. 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 Weight Reduction Medications and Programs was used instead. Based on Aetna Clinical Policy Bulletin no. 0039, criteria for the usage of weight reduction programs and/or weight reduction medications include individuals with a BMI greater than or equal to 30, or those individuals with BMI greater than or equal to 27 with complications including coronary artery disease, dyslipidemia, hypertension, obstructive sleep apnea, and/or diabetes who have failed to lose at least 1 pound a week for at least six months on a weight-loss regimen that includes a low-calorie diet, increased physical activity, and therapy. In this case, the patient has a BMI of 46.8 (5'5", 290 lbs). There was no documented history of patient trial of diet modification or an exercise program prescribed by the provider for the patient to lose weight. However, it is extremely unlikely that the provider has the tools required to modify this morbidly obese patient's diet to achieve substantial weight loss. As for an exercise program, the medical records reveal that the patient walks with a limp, has left knee effusion and tenderness, and has a diagnosis of severe end-stage osteoarthritis of the left knee. Therefore, it would be unrealistic for this patient to participate in an exercise program. Therefore, the request for a weight loss program for left knee injury is medically necessary.