

<b>Case Number:</b>	CM14-0016284		
<b>Date Assigned:</b>	04/11/2014	<b>Date of Injury:</b>	10/29/2007
<b>Decision Date:</b>	06/02/2014	<b>UR Denial Date:</b>	01/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/10/2014

### 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 and Rehabilitation has a subspecialty in Interventional Spine 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 59-year-old female with date of injury of 10/29/2007. The listed diagnosis per [REDACTED] dated 10/21/2013 are: 1. Knee tendinitis/bursitis. 2. Pain in the limb. 3. Current tear of cartilage or meniscus of knee. 4. Intervertebral disk disorder. 5. Shoulder impingement. 6. Wrist tendonitis/bursitis. 7. Meniscal tear, lateral. According to the report, the patient continues to complain of lower back and bilateral knee pain with weakness. She presents with an antalgic gait and uses a cane to aid in her ambulation. She has difficulty with her activities of daily living along with difficulty with prolonged periods of sitting, standing, walking, and climbing, et cetera. Her physical examination is unchanged. There are no other significant findings noted on this report. The utilization review denied the request on 01/17/2014. The treater is requesting a weight loss program with Lindora program for the management of symptoms related to knee injury for 10 weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**WEIGHT LOSS PROGRAM WITH [REDACTED] PROGRAM FOR THE MANAGEMENT OF SYMPTOMS RELATED TO KNEE INJURY, FOR 10 WEEKS:** 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 AETNA GUIDELINES ON WEIGHT LOSS PROGRAM: ([HTTP://WWW.AETNA.COM/CPB/MEDICAL/DATA/1\\_99/0039.HTML](http://www.aetna.com/cpb/medical/data/1_99/0039.html)).

**Decision rationale:** This patient presents with chronic low back and bilateral knee pain with weakness. The treater is requesting a weight loss program for 10 weeks. There are no discussions regarding weight loss program in any other guidelines such as ODG or ACOEM. Aetna Guidelines allow "up to a combined limit of 26 individual or group visits by any recognized provider for a 12-month period" for those with BMI greater than 30, but excludes [REDACTED], [REDACTED], [REDACTED], [REDACTED] or similar programs. Pre-packaged food and supplement items are generally excluded by the AETNA guidelines. In this patient, the treater does not specify what the program will be and what it will entail. BMI is not provided and the patient's weight loss history is not discussed. Recommendation is for denial.