

Case Number:	CM14-0112977		
Date Assigned:	08/01/2014	Date of Injury:	02/25/2013
Decision Date:	11/20/2014	UR Denial Date:	07/09/2014
Priority:	Standard	Application Received:	07/18/2014

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 Internal 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 injured worker is a 23-year-old male who reported an injury on 02/25/2013. The mechanism of injury was the injured worker was going to close a truck door when he was on top of a platform; his left foot slipped out from under him, causing him to fall. The documentation indicated the injured worker's conservative care included corticosteroid injections, physical therapy, and bracing, as well as activity and job modifications. The injured worker had an MRI of the knee. The injured worker underwent ACL reconstruction that utilized a cadaver graft and the injured worker had a meniscus repair on 06/10/2013. The injured worker underwent a Left Knee Arthroscopy for Anterior Cruciate Ligament Reconstruction with Medial and Lateral Meniscus Repair on 07/10/2013. The medications were not provided for review. The documentation of 07/10/2014 revealed the injured worker had mild left knee pain associated with some occasional cracking. The injured worker experienced a slight sharp pain in his left knee while lying down on this stomach. The injured worker indicated he was walking approximately up to 3 miles daily 5 days per week. The injured worker lost 3 pounds since the last visit. The injured worker's weight was 350 pounds and his height was 6 feet 0 inches. The injured worker's BMI would be 47.5, which is noted to be obese. The diagnosis included severe exogenous obesity associated with hypertension. The treatment plan included at this time the emphasis should be on weight loss through dietary restrictions and a home exercise program, even with utilization of a health club facility would be ideal; however, the physician documented it was unlikely the injured worker would be able to lose a substantial amount of weight by these techniques so medical weight loss program would be the only viable alternative with a bariatric bypass surgery being the absolute last resort. The weight loss programs included a [REDACTED] medical weight loss program. There was no Request for Authorization submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

██████████ or ██████████ **Weight Loss Program for 6 months:** 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 Official Disability Guidelines (ODG) Diabetes Chapter, Lifestyle (Diet & Exercise) Modifications

Decision rationale: The Official Disability Guidelines indicate that lifestyle modifications are recommended as first line interventions. The clinical documentation submitted for review indicated the injured worker had utilized lifestyle modification; however, the physician documentation went on to indicate that in the opinion of the physician, the injured worker would be unable to lose a substantial amount of weight. The documentation indicated the emphasis should be on weight loss through dietary restriction and a home exercise program. The clinical documentation submitted for review indicated the injured worker lost 3 pounds. However, the time it took the injured worker to lose the weight was not provided. There was a lack of documentation indicating the injured worker had changed his diet. Additionally, the request for 6 months of a program is excessive. Given the above, the request for ██████████ Weight Loss Program for 6 months is not medically necessary.