

Case Number:	CM14-0115152		
Date Assigned:	08/04/2014	Date of Injury:	02/24/2013
Decision Date:	09/10/2014	UR Denial Date:	06/18/2014
Priority:	Standard	Application Received:	07/22/2014

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 31 year old with an injury date on 2/24/13. Patient complains of left knee pain with occasional giving way, that feels like it locks when going down stairs, pain rated 6-7/10 per 6/5/14 report. Patient states left knee arthroscopy helped with grinding, but now cannot squat, kneel, bending, and has difficulty rising from certain positions per 6/5/14 report. Based on the 6/5/14 progress report provided by [REDACTED] the diagnoses are: 1. overweight and obesity 2. s/s knee Exam on 6/5/14 showed tenderness to palpation above the joint line and over the patellar tendon. Negative Homan's sign. No range of motion testing was provided. [REDACTED] is requesting weight loss program week RFA 6/1-6/14 Qty: 4. The utilization review determination being challenged is dated 6/18/14 and denies request due to lack of documentation of prior weight loss attempts. [REDACTED] is the requesting provider, and he provided treatment reports from 12/3/13 to 6/5/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Weight Loss Program week RFA 6-6-14 , QTY 4: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 83.

MAXIMUS guideline: The Expert Reviewer based his/her decision on the Non-MTUS Other Medical Treatment Guideline or Medical Evidence: Aetna, Clinical Policy Bulletin: Weight Reduction Medications and Programs.

Decision rationale: This patient presents with left knee pain and is s/p left knee arthroscopy from 11/22/13. The treating physician has asked for weight loss program for 4 weeks per request for authorization, 6/5/14. Review of the 6/5/14 report shows patient has gained 40-50 pounds since injury and BMI is currently at 39.9. Regarding weight reduction programs, Aetna Clinical Policy Bulletin allows up to a combined limit of 26 individual or group visits by any recognized provider per 12-month period are considered medically necessary for weight reduction counseling in adults who are obese (as defined by BMI >30 kg/m²). In this case, the treating physician has asked for 4 sessions of a weight loss program which appears reasonable given the patient's weight condition. It would appear the treating physician will be providing the medical supervision. Therefore, this request is medically necessary.