

Case Number:	CM14-0130584		
Date Assigned:	08/20/2014	Date of Injury:	01/23/2013
Decision Date:	09/29/2014	UR Denial Date:	07/09/2014
Priority:	Standard	Application Received:	08/15/2014

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 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 47-year-old with a date of injury of January 23, 2003. According to progress report June 24, 2014, the patient is status post right knee anterior arthroscopic surgery on April 24, 2013. The patient was noted to be improving; however, slowly mainly due to her extreme obesity. The patient has gained at least 60 pounds after her injury due to instability of exercise and being sedentary. Examination revealed the patient can ambulate on her toes and heels. Right knee range of motion is full with discomfort at end range. The treater is requesting a weight loss program for the patient. Utilization review denied the request on July 9, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Enrollment in weight loss program for the right knee.: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Obesity in US workers: The National Health Interview Survey, 1986-2002.

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).

Decision rationale: This patient is status post right knee surgery on April 24, 2013. The treater is requesting a weight loss program as the patient is experiencing slow recovery due to her extreme obesity. The MTUS, ACOEM and ODG guidelines do not discuss Weight Loss Programs specifically. However, Aetna Weight Reduction Medications and Programs (Number: 0039) states, " Weight reduction medications and programs are considered medically necessary for members who have failed to lose at least one pound per week after at least 6 months on a weight loss regimen that includes a low calorie diet, increased physical activity, and behavioral therapy, and who meet either of the following selection criteria including: BMI greater than or equal to 30, Coronary heart disease, Dyslipidemia, Hypertension, Obstructive sleep apnea, and Type 2 diabetes mellitus. Weight reduction medications are considered experimental and investigational when these criteria are not met." Review of the medical file does not show that this patient meets the criteria provided by Aetna for a weight reduction program. Furthermore, the treater does not discuss if other measures of weight loss have been tried and failed. Aetna states weight reduction programs are considered for patients who have failed to lose weight after low calorie diet and physical activities. Therefore, the request for enrollment in weight loss program for the right knee is not medically necessary or appropriate.