

<b>Case Number:</b>	CM14-0132620		
<b>Date Assigned:</b>	08/22/2014	<b>Date of Injury:</b>	03/20/2013
<b>Decision Date:</b>	11/03/2014	<b>UR Denial Date:</b>	08/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/19/2014

### 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 Family 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 40 year old female whose date of injury is 03/20/13. The injured worker jumped to the side when she was about to be assaulted by an inmate while at work. The injured worker underwent right knee arthroscopy in May 2009 and October 2009 and subsequently underwent right knee arthroscopy with chondroplasty of the trochlea on 07/10/13. Treatment to date also includes physical therapy, Synvisc injections and medication management. Note dated 07/31/14 indicates that she has been considering weight loss, partial knee replacement and total knee replacement. Current medications are listed as Vicodin, naproxen, Mirena, Celexa, Wellbutrin and Zyrtec. On physical examination she is 63 inches tall and 204 pounds. Her BMI is 36.13. She was encouraged to focus on food and calories versus just concentrating on exercise. Diagnoses are right knee degenerative joint disease and status post right knee arthroscopy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Qty; 1.00:** 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 Other Medical Treatment Guideline or Medical Evidence: Aetna Clinical Policy Bulletin: Weight Reduction Medications and Programs

**Decision rationale:** Based on the clinical information provided, the request for [REDACTED] qty 1.00 is not recommended as medically necessary. The submitted records fail to establish that diet and independent exercise have been tried and failed. There are no measurable goals and objectives submitted for review. Therefore, medical necessity is not established in accordance with current evidence based guidelines.