

Case Number:	CM14-0133375		
Date Assigned:	08/22/2014	Date of Injury:	04/11/2010
Decision Date:	10/01/2014	UR Denial Date:	07/22/2014
Priority:	Standard	Application Received:	08/20/2014

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 & 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:

This is a 45-year-old female with a 4/11/10 date of injury, when she slipped and fell injuring her left knee, left ankle and lower back. The patient underwent left knee arthroscopic chondroplasty and lateral release on 3/8/13 and left ankle arthroscopic debridement with collateral ligament repair on 2/13/14. The progress report dated 9/23/11 stated that the patient's weight was 234 pounds (BMI 44.2) and the progress report dated 11/11/12 indicated that the patient's weight was 242 pounds (BMI 45.7). The patient was seen on 2/5/14 for the pre-op visit. The patient's BMI was 46.48, weight was 246 pounds, her height was 5'1" and the blood pressure was 142/78. The patient was seen on 4/10/14 for the follow up visit. Exam findings revealed antalgic gait favoring the left lower extremity, positive straight leg raising test bilaterally and limited range of motion in the lumbar spine. There was ongoing pain in the left knee, foot and ankle with positive McMurray's sign. The patient also had tenderness in the right foot and ankle. The request for 10 weeks weight loss program such as [REDACTED] was requested to help with the patient's lumbar spine symptoms. The diagnosis is status post left knee arthroscopy, left hip bursitis, bilateral ankle sprain/strain and morbid obesity. Treatment to date: bracing, acupuncture, epidural steroid injections, work restrictions, physical therapy and medications. An adverse determination was received on 7/22/14 given that there was no evidence that weight loss led to an improvement in back pain or function and that the available clinical information did not support that the request was medically reasonable or necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Weight Loss Program: 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 Clinical Policy Bulletin: Weight Reduction Medications and Programs

Decision rationale: Physician supervised weight loss programs are reasonable in patients who have a documented history of failure to maintain their weight at 20 % or less above ideal or at or below a BMI of 27 when the following criteria are met: BMI greater than or equal to 30 kg/m; or a BMI greater than or equal to 27 and less than 30 kg/m and one or more of the following comorbid conditions: coronary artery disease, diabetes mellitus type 2, hypertension (systolic blood pressure greater than or equal to 140 mm Hg or diastolic blood pressure greater than or equal to 90 mm Hg on more than one occasion), obesity-hypoventilation syndrome (Pickwickian syndrome), obstructive sleep apnea, or dyslipidemia (HDL cholesterol less than 35 mg/dL ; or LDL cholesterol greater than or equal to 160 mg/dL; or serum triglyceride levels greater than or equal to 400 mg/dL. Weight loss is medically necessary because morbid obesity is a recognized Public Health and CDC identified health risk. However, [REDACTED] Program is not a physician-supervised program. Although CA MTUS and ODG guidelines do not address this issue, Aetna Clinical Policy Bulletin recommends physician supervised weight reduction programs. The patient would certainly benefit from weight loss, but the requested program does not fall under the medically necessary physician overseen program. There is a lack of documentation indicating that the patient's obesity a raised out of her industrial injury. In addition, the progress note dated 9/23/11 indicated that the patient's BMI was 44.2. There is no documentation indicating that the patient had any prior attempts to lose weight. In addition, there is no rationale with clearly specified goals with regards to the weight loss program. Therefore, the request for Weight Loss Program was not medically necessary.