

Case Number:	CM14-0153226		
Date Assigned:	09/23/2014	Date of Injury:	09/26/2011
Decision Date:	10/24/2014	UR Denial Date:	09/11/2014
Priority:	Standard	Application Received:	09/19/2014

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 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:

This patient sustained an injury on 9/26/11 while employed by [REDACTED]. Request(s) under consideration include Weight loss program, 3 months. MRI of 2011 some increased medial collateral ligament signal. Lumbar spine MRI of 4/7/14 showed 4.7 mm L5-S1 disc protrusion. Report of 7/15/14 noted patient with chronic right knee pain and lower back pain radiating into right leg. Clinical assessment noted 4/5 motor weakness of right calf with S1 root abnormality (per EMG); right knee with mild effusion with impression of degenerative arthritis and L5-S1 lumbar disc protrusion. The request for pain management was certified. It was noted the patient had 48 pound weight gain since knee arthroscopic surgery of partial meniscectomy and articular abrasion of 3 compartments in January 2014. Peer review discussion noted agreement with provider regarding modification of weight loss program request. The request(s) for Weight loss program, 3 months was modified to 2 sessions with dietary counselor on 9/11/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Weight loss program, 3 months: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee Chapter, Obesity, page 320

Decision rationale: This patient sustained an injury on 9/26/11 while employed by [REDACTED]. Request(s) under consideration include Weight loss program, 3 months. MRI of 2011 some increased medial collateral ligament signal. Lumbar spine MRI of 4/7/14 showed 4.7 mm L5-S1 disc protrusion. Report of 7/15/14 noted patient with chronic right knee pain and lower back pain radiating into right leg. Clinical assessment noted 4/5 motor weakness of right calf with S1 root abnormality (per EMG); right knee with mild effusion with impression of degenerative arthritis and L5-S1 lumbar disc protrusion. The request for pain management was certified. It was noted the patient had 48 pound weight gain since knee arthroscopic surgery of partial meniscectomy and articular abrasion of 3 compartments in January 2014. Peer review discussion noted agreement with provider regarding modification of weight loss program request. The request(s) for Weight loss program, 3 months was modified to 2 sessions with dietary counselor on 9/11/14. Although MTUS/ACOEM are silent on weight loss program, ODG does state high BMI in obese patient with osteoarthritis does not hinder surgical intervention if the patient is sufficiently fit to undergo the short-term rigors of surgery. There is no peer-reviewed, literature-based evidence that a weight reduction program is superior to what can be conducted with a nutritionally sound diet and a home exercise program. There is, in fact, considerable evidence-based literature that the less dependent an individual is on external services, supplies, appliances, or equipment, the more likely they are to develop an internal locus of control and self-efficacy mechanisms resulting in more appropriate knowledge, attitudes, beliefs, and behaviors. The fewer symptoms are ceremonialized and the sick role is reinforced as some sort of currency for positive gain, the greater the quality of life is expected to be. In addition, while weight reduction may be desirable in this patient, it should be pursued on a non-industrial basis. A search on the National Guideline Clearinghouse for "Weight Loss Program" produced no treatment guidelines that support or endorse a Weight Loss Program for any medical condition. While it may be logical for injured workers with disorders to lose weight, so that there is less stress on the body, there are no treatment guidelines that support a formal Weight Loss Program in a patient with chronic pain. The long term effectiveness of weight loss programs, as far as maintained weight loss, is very suspect. There are many published studies that show that prevention of obesity is a much better strategy to decrease the adverse musculoskeletal effects of obesity because there are no specific weight loss programs that produce long term maintained weight loss. Additionally, the patient's symptoms, clinical findings, and diagnoses remain unchanged for this September 2011 injury without acute flare, new injury, or specific surgical treatment plan hindered by the patient's chronic obesity that would require a weight loss program. Although the patient's weight has increased, there is no initial and current weight along with height to calculate for BMI to assess the patient's obese status. The provider has not identified what program or any specifics of supervision or treatment planned. Other guidelines state that although obesity does not meet the definition of an industrial injury or occupational disease, a weight loss program may be an option for individuals who meet the criteria to undergo needed surgery; participate in physical rehabilitation with plan to return to work, not demonstrated here as the patient. The Weight loss program, 3 months is not medically necessary and appropriate.