

Case Number:	CM14-0171232		
Date Assigned:	10/23/2014	Date of Injury:	05/30/2013
Decision Date:	12/17/2014	UR Denial Date:	10/16/2014
Priority:	Standard	Application Received:	10/16/2014

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 Geriatrics, and is licensed to practice in New York. 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 52 year old man with a date of injury of 5/30/13. He was seen by his primary treating physician on 9/4/14 and reported some improvement in strength and function of his right knee since completing physical therapy. He received a cortisone injection last visit which provided pain relief. He reported soreness and pain in his right knee and that his right elbow was less symptomatic as he was not working. His exam showed an antalgic gait with limitation of motion and decreased range of motion in his right knee. He had tenderness on the right joint line. His diagnoses were right elbow tendinitis and right knee degenerative arthritis. His height was 5'8" and his weight was 330lbs. His physician reported that due to his "large size", a knee replacement would likely wear quickly and he would need to lose a significant amount of weight prior to having replacement surgery. At issue in this review is a weight loss program for the right knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Weight loss program for right knee: 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: 2013 AHA/ACC/TOS Guideline for the Management of Overweight and Obesity in Adults: A Report of the American College of Cardiology/American Heart Association Task Force on Practice Guidelines and The Obesity Society. J Am Coll Cardiol. 2013.

Decision rationale: This injured worker has chronic knee pain and arthritis with a height of 5'8" and weight of 330lbs. Per the 2013 AHA/ACC/TOS Guideline for the Management of Overweight and Obesity in Adults: A Report of the American College of Cardiology/American Heart Association Task Force on Practice Guidelines and The Obesity Society, healthcare providers should develop individualized weight loss plans that include three key components - a moderately reduced calorie diet, a program of increased physical activity and the use of behavioral strategies to help patients achieve and maintain a healthy body weight. The records also do not document that such a weight loss plan has been discussed or trialed prior to referral for a medically supervised weight loss program. There is no documentation of failure of prior weight loss or of an exercise program. The records do not support medical necessity of a weight loss program for the right knee.