

Case Number:	CM14-0171996		
Date Assigned:	10/23/2014	Date of Injury:	04/25/2014
Decision Date:	11/21/2014	UR Denial Date:	10/01/2014
Priority:	Standard	Application Received:	10/17/2014

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 51 year-old patient sustained an injury on 4/25/14 while employed by the [REDACTED]. Request(s) under consideration include Weight Loss Program. Diagnoses include Knee & Leg sprain/strain. Report of 9/19/14 from the provider noted the patient had three sessions of PT and reports increase in pain; would like to perform his own home therapeutic exercises. The patient would like to go to a nutritionist to help reduce weight at 5'6" weighing 290 pounds. Exam showed left knee with tenderness to palpation over anterior-medial, medial and lateral joint line, pes bursa and medial collateral ligament distribution. Diagnoses include Left knee strain rule out medial collateral ligament (MCL) tear and meniscal tear. Treatment included weight loss program and medication refills of Tramadol, Naproxen, and Omeprazole. The patient remained on restrictions of no repetitive squatting, kneeling, climbing, running, twisting, jumping or climbing. It is unclear if the patient is working. The request(s) for Weight Loss Program was non-certified on 10/1/14 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: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints, Chronic Pain Treatment Guidelines Weight Loss Program.

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 51 year-old patient sustained an injury on 4/25/14 while employed by the [REDACTED]. Request(s) under consideration include Weight Loss Program. Diagnoses include Knee & Leg sprain/strain. Report of 9/19/14 from the provider noted the patient had three sessions of PT and reports increase in pain; would like to perform his own home therapeutic exercises. The patient would like to go to a nutritionist to help reduce weight at 5'6" weighing 290 pounds. Exam showed left knee with tenderness to palpation over anterior-medial, medial and lateral joint line, pes bursa and medial collateral ligament distribution. Diagnoses include Left knee strain rule out medial collateral ligament (MCL) tear and meniscal tear. Treatment included weight loss program and medication refills of Tramadol, Naproxen, and Omeprazole. The patient remained on restrictions of no repetitive squatting, kneeling, climbing, running, twisting, jumping or climbing. It is unclear if the patient is working. The request(s) for Weight Loss Program was non-certified on 10/1/14. Although MTUS/ACOEM are silent on weight loss program, the ODG does state high BMI in obese patient with osteoarthritis does not hinder surgical intervention of TKA/ Total Knee Replacement 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, there is no medical treatment for functional restoration process hindered as a result of the obesity. 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 recent 4/25/14 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. It does not appear the patient has had weight gain with obesity criteria met at initial injury date. 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. The Weight loss program is not medically necessary.