

<b>Case Number:</b>	CM14-0172308		
<b>Date Assigned:</b>	10/23/2014	<b>Date of Injury:</b>	07/03/2009
<b>Decision Date:</b>	11/25/2014	<b>UR Denial Date:</b>	09/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	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 & Rehabilitation, has a subspecialty in Interventional Spine and is licensed to practice in Massachusetts. 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 claimant has a history of a work-related injury on 09/30/09 when, while working as a Corrections Deputy requiring significant walking, she developed left knee pain. She was found to have a meniscal tear and underwent a medial meniscectomy in September 2009 followed by physical therapy. She was able to return to modified duty but subsequently discontinued working. She was seen on 05/29/13. Physical examination findings included a height of 5 '1 " and weight 225 pounds. There was left greater than right knee joint line tenderness and crepitus with range of motion. She had positive McMurray testing and left knee laxity with valgus stressing. Motrin 800 mg #90 was prescribed. On 07/11/14 she was having ongoing symptoms. She had an abnormal gait with bilateral knee effusions. Authorization for an MRI scan of both knees was requested. On 08/21/14 the MRI results reviewed. These had shown degenerative joint disease with a medial meniscus tear on the left and medial meniscus tear degeneration on the right. Physical examination findings included difficulty transitioning from a seated position. On 09/04/14 she was having ongoing discomfort. She had gained weight since her injury reporting an inability to exercise. Her weight was now 240 pounds, which corresponds to a BMI of 45.3 and a diagnosis of morbid obesity. Physical examination findings included a slow and cautious gait with bilateral knee tenderness and effusions. McMurray testing was positive. She had crepitus with range of motion and pain with patellar compression. A right knee injection had been performed at the previous visit with improvement lasting only 2-3 days. Authorization for a weight loss program was requested.

### 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 base their decision on the MTUS. Decision based on Non-MTUS Citation Arch Phys Med Rehabil. 2004

**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: (1) Tsai AG, Wadden TA. Systematic review: An evaluation of major commercial weight loss programs in the United States. Ann Intern Med. 2005;142 (2) Wadden TA, Berkowitz RI, Womble LG, et al. Randomized trial of lifestyle modification and pharmacotherapy for obesity. N Engl J Med. 2005;353 (20):2111-2120

**Decision rationale:** The claimant is more than 5 years status post work-related injury and continues to be treated for chronic left knee pain. She has gained a significant amount of weight since injury and is finding it difficult to exercise. She may be a candidate for further surgery, including a knee replacement. In terms of weight loss, controlled trials are needed to determine the amount of weight lost and health benefit associated with weight loss programs. In this case, there is no evidence that the claimant has failed a non-supervised weight loss program including a low-calorie diet and increased physical activity, which might include a trial of pool therapy. Therefore, the requested weight loss program is not medically necessary.