

Case Number:	CM14-0032611		
Date Assigned:	04/14/2014	Date of Injury:	02/16/2011
Decision Date:	06/30/2014	UR Denial Date:	01/17/2014
Priority:	Standard	Application Received:	02/11/2014

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 patient is a 49 year old male with a date of injury 02/16/2011. Per the treating physician's report dated 12/17/2013, the patient presents with bilateral knee, upper back pain, has low back pain from gait using a cane, and has had 2 surgical interventions in the right knee from 2011 and 2012. Listed diagnoses are: Internal derangement of the knee, right, status post surgeries; internal derangement of the left knee. MRI showing fraying of the lateral meniscus; Upper back strain; Low back strain; Sleep disorder. Recommendation was for Norco, a second injection to both knees, Naproxen, Flexeril, Protonix, weight unloading brace to the left knee, and a weight loss program. [REDACTED] reports are available from 02/05/2014 to 03/19/2014. [REDACTED] is a psychologist, and 02/05/2014 report states that the patient is being seen on a weekly basis, mentions [REDACTED] nutritional counseling and to be seen for sleep apnea. There was an extensive discussion regarding exercise and nutritional plan. "While he is very interested in losing weight, he continues to find that to be a very difficult enterprise for him." The patient was reportedly very interested in starting nutritional counseling.

IMR ISSUES, DECISIONS AND RATIONALES

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

WEIGHT MANAGEMENT CLASS: 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 0039.

Decision rationale: This patient presents with chronic bilateral knee pains with multiple surgeries. The patient's current weight is noted at 300 pounds per the treating physician's report. The request is for "weight management classes". The AETNA Guidelines on weight loss program supports clinician supervision of weight reduction programs up to a combined limit of 26 individual or group visits by recognized provider per 12 month period. In this request, there is no explanation of what this weight management class would entail, and whether or not it is physician supervised. It does not specify the number of classes. Without understanding whether or not the classes are supervised by physician, and the number of weight management classes requested, this request cannot be recommended for authorization. The request is not medically necessary and appropriate.