

Case Number:	CM14-0033316		
Date Assigned:	07/02/2014	Date of Injury:	09/17/2009
Decision Date:	08/14/2014	UR Denial Date:	03/06/2014
Priority:	Standard	Application Received:	03/17/2014

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, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 male with a reported date of injury on 09/17/2009. The injury reportedly occurred when an inmate pushed a cart into the injured worker's left knee. His diagnoses were noted to include, left knee pain secondary to arthritis and internal derangement. His previous treatments have been noted to include, physical therapy, knee injections, and medications. The progress note dated 02/26/2014 revealed the injured worker complained of knee pain. The physical examination noted the range of motion measured 0 to 100 degrees comfortably. The provider indicated the injured worker weighed 379 pounds and there was a weight-loss program that he would like to request authorization for. The progress report dated 03/14/2014, revealed the injured worker had no redness or swelling to his knee. A physical examination revealed no swelling or erythema and had good range of motion. The Request For Authorization form dated 03/14/2014, was for a weight-loss program, however, the provider's rationale was not submitted within the medical records.

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 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 Lawrence J. Appel, M.D.(2011), Comparative Effectiveness of Weight-Loss Interventions in Clinical Practice. The New England Journal of Medicine, 365(21), pages 1959.

Decision rationale: The request for a weight-loss program is non-certified. The injured worker was reported to weigh 379 pounds. In a study authored by Appel, et al, it was noted, In two behavioral interventions, one delivered with in-person support and the other delivered remotely, without face-to-face contact between participants and weight-loss coaches, obese patients achieved and sustained clinically significant weight loss over a period of 24 months. The request failed to specify type, frequency, number of sessions, and duration of the weight loss program. Additionally, there is a lack of documentation regarding the injured worker attempting weight loss on his own. Therefore, the request is not medically necessary.