

Case Number:	CM14-0049946		
Date Assigned:	07/07/2014	Date of Injury:	08/27/2007
Decision Date:	08/26/2014	UR Denial Date:	04/01/2014
Priority:	Standard	Application Received:	04/17/2014

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 Occupational Medicine 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:

The patient is a 63-year-old female who has submitted a claim for enthesopathy of the wrist, thoracic or lumbosacral neuritis or radiculitis not otherwise specified, brachial neuritis or radiculitis not otherwise specified, and pes anserinus tendinitis or bursitis associated with an industrial injury date of August 27, 2007. Medical records from 2011-2014 were reviewed. The patient complained of lumbar spine pain. The pain radiates to the left lower extremity with associated paresthesia and numbness. There was also right knee pain with catching, locking and instability. Physical examination showed spasm, tenderness and guarding in the paravertebral musculature of the lumbar spine with loss of range of motion. There was decreased sensation noted on the left S1 dermatome. The left knee showed patellar crepitus on flexion and extension with medial and lateral joint line tenderness and positive McMurray's test. MRI of the right knee, dated March 12, 2014, revealed medial and lateral meniscal tears and prominent patellar contusion centered at its apex with cartilage thinning. Treatment to date has included medications, physical therapy, weight loss program, and activity modification. Utilization review, dated April 1, 2014, denied the request for additional tenth weight loss series (x3 months) because there was no current progress report from the primary treating physician and the BMI was not calculable because of lack of patient's height.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional tenth weight loss series (3 months): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation ACOEM Chapter 6 & Washington State, Department of Labor and Industries, Medical Aid Rules & Fee Schedules Guidelines.

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: Aetna Clinical Policy Bulletin no. 0039 Weight Reduction Medications and Programs.

Decision rationale: The California MTUS does not address weight loss programs specifically. Based on Aetna Clinical Policy Bulletin no. 0039, criteria for the usage of weight reduction programs and/or weight reduction medications include individuals with a BMI greater than or equal to 30, or those individuals with BMI greater than or equal to 27 with complications including coronary artery disease, dyslipidemia, hypertension, obstructive sleep apnea, and/or diabetes who have failed to lose at least 1 pound a week for at least six months on a weight-loss regimen that includes a low-calorie diet, increased physical activity, and behavioral therapy. In this case, the rationale for an additional weight loss series was not indicated. The patient underwent [REDACTED] weight loss program from 2012 up until February 2014. Her beginning weight on May 17, 2012 was 183.2 pounds and her current weight as of February 21, 2014 was 172 pounds. However, there was no way to calculate her recent BMI because the patient's height was not available on the medical records submitted. Furthermore, there were no indications that the patient has other comorbid diseases which would necessitate a physician supervised weight loss program. The medical necessity has not been established due to insufficient information. Therefore, the request for additional tenth weight loss series (3 months) is not medically necessary and appropriate.