

Case Number:	CM14-0054518		
Date Assigned:	07/07/2014	Date of Injury:	04/16/2012
Decision Date:	08/13/2014	UR Denial Date:	04/08/2014
Priority:	Standard	Application Received:	04/23/2014

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 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 58 year old male with an injury date of 04/16/12. Based on the 03/06/14 progress report provided by [REDACTED] the patient complains of bilateral knee pain. He has constant left knee lateral pain and anterior suprapatellar pain. Patient complains of intermittent locking/catching, left knee. The 01/23/14 report also states that he has midline low back pain and left lower extremity anterior lower leg paresthesias (L5). The patient's diagnoses include the following: 2010 [REDACTED], bilateral TKRs; 2/12 [REDACTED], revision left TKR (total knee replacement) with thicker tibial insert; LBS with left lower extremity L5 lumbar radiculitis; Sleep disturbance because of left knee pain; Gastritis with Ibuprofen/Norco; Left lateral knee pain; Weight gain (30 pounds). [REDACTED] is requesting for [REDACTED] weight loss program (10 sessions). The utilization review determination being challenged is dated 04/08/14. [REDACTED] is the requesting provider, and he provided treatment reports from 09/30/13- 05/15/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

[REDACTED] weight loss program, 10 sessions: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Guideline Clearinghouse.

MAXIMUS guideline: The Expert Reviewer based his/her decision on the Non-MTUS Other Medical Treatment Guideline or Medical Evidence: Aetna Clinical Policy Bulletin: Weight Reduction Medications and Programs Number: 0039.

Decision rationale: According to the 03/06/14 report by [REDACTED] the patient presents with bilateral knee pain. The patient has gained 30 pounds and the request is for [REDACTED] weight loss program (10 sessions). Neither MTUS, ODG, nor ACOEM have any say on the weight loss program so the AETNA website was referred to (http://www.aetna.com/cpb/medical/data/1_99/0039.html). AETNA allows medically supervised weight loss program only if the patient has failed caloric restriction and physical activity modifications. The [REDACTED] weight program is a medically supervised program (<http://www.lindora.com/lhc-riteaid.aspx>); and it may be warranted. However, the treater does not provide any discussion regarding what the patient has done so far to lose weight on own. It may be reasonable to allow 10 sessions and see how the patient does, however. Recommendation is that the request is medically necessary.