

Case Number:	CM14-0063250		
Date Assigned:	07/11/2014	Date of Injury:	08/02/2011
Decision Date:	09/10/2014	UR Denial Date:	04/23/2014
Priority:	Standard	Application Received:	05/05/2014

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 General Surgery has a subspecialty in Surgical Critical Care and is licensed to practice in Texas. 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 65 year old male who has bilateral knee pain from degenerative joint disease. The Date of Loss is reportedly 8/2/2011 but the biomechanics of the injury is not discussed in the materials supplied. The latest note dated 3/24/2014 by the treating physician notes the claimant to be 6 feet 1 inch tall and 290 pounds with calculated body mass index (BMI) of 38.3. The claimant is noted to have undertaken a [REDACTED] weight loss program and lost 30 pounds so far. There are radiographs that document the claimant to have severe degenerative joint disease (DJD) with the medial compartment noted to be bone on bone. The request is for supervised medical weight loss program like [REDACTED] or bariatric surgery consult.

IMR ISSUES, DECISIONS AND RATIONALES

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

Supervised Medically Weight Loss Program Such As [REDACTED] Or Bariatric Surgery:
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management.

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.

Decision rationale: The claimant is noted to be obese but has undertaken [REDACTED] program and managed to lose 30 lbs, such that a supervised program does not appear medically necessary. ACOEM and ODG are silent on weight loss programs and bariatric surgery. Any short term weight loss is fraught with relapse and recurrence of obesity. Only long term behavior modification strategies can maintain weight loss. The claimant has demonstrated that he is able to lose weight with the [REDACTED] program which is commercial but relatively independent program for modest calorie reduction. There is no documentation of failure of this approach. Therefore the request for medical weight loss program or referral to a bariatric surgery program is not medically necessary.