

<b>Case Number:</b>	CM14-0065610		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	03/27/1997
<b>Decision Date:</b>	12/15/2014	<b>UR Denial Date:</b>	04/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/08/2014

### 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 60-year-old male with an injury date of 03/27/1997. Based on the 03/25/2014 progress report, the patient presents with numbness and tingling on his left shin and knee. The patient uses a single pointed cane and has light touch sensation at his right mid anterior thigh, right mid lateral calf, and right lateral ankle. According to the 04/18/2014 progress report, the patient also has radiating right and left knee pain. The patient describes his left knee pain as being sharp and it occurs about 70 to 80% of the time. His right knee pain is also sharp and occurs about 30 to 40% of the time. He has tenderness in the bilateral infrapatellar region of the bilateral knees. The patient has weakness on extension of the left knee and decreased deep tendon reflex of the left knee as well. The patient's diagnoses include the following: 1. Bilateral knee pain; 2. Peripheral neuropathy; 3. Myofascial pain; 4. Chronic pain syndrome. The Utilization Review determination being challenged is dated 04/21/2014. Treatment reports were provided from 10/25/2013 - 04/18/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Consultation Weight Loss with [REDACTED]:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Wing, Rena R. "Treatment options for obesity: do commercial weight loss programs have a role?" JAMA 304.16 (2010) 1837-1838

**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, Number: 0039

**Decision rationale:** Based on the 04/18/2014 progress report, the patient complains of having radiating pain of the right knee and the left knee. The request is for a Consultation Weight Loss with [REDACTED]. Neither MTUS, ODG, nor ACOEM have any say on the weight loss program so the AETNA website was referred to. AETNA allows "medically supervised" weight loss program only. It specifically states that weight-loss programs such as [REDACTED], [REDACTED] [REDACTED] and others are not covered. The patient is currently at a weight of 350 pounds and was 180 pounds pre-injury. [REDACTED] weight loss program is not a program that is medically supervised. Recommendation is that the request is not medically necessary.