

<b>Case Number:</b>	CM13-0015756		
<b>Date Assigned:</b>	03/12/2014	<b>Date of Injury:</b>	03/04/2013
<b>Decision Date:</b>	04/23/2015	<b>UR Denial Date:</b>	07/30/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/23/2013

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: Arizona, California  
 Certification(s)/Specialty: Family Practice

### 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 54 year old male, who sustained an industrial injury on 3/4/13. He reported right knee injury. The injured worker was diagnosed as having right knee tricompartmental degenerative arthritis. Treatment to date is not included with documentation. Currently, the injured worker complains of right knee stiffness, achiness and discomfort. Physical exam noted tenderness to the medial and lateral compartment and patellofemoral articulation with patellofemoral crepitation and pain with deep squat. The treatment plan listed on progress report of 6/20/13 is for a Synvisc injection which was performed that day and authorization for [REDACTED] weight loss program.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**[REDACTED] WEIGHT LOSS PROGRAM:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Guidelines for weight loss Agency for Healthcare Quality Research 2010 Feb. p.96.

**Decision rationale:** According to the guidelines, the initial goal of weight loss therapy is to reduce body weight by approximately 10 percent from baseline. Weight loss at the rate of 1 to 2 lb/week (calorie deficit of 500 to 1,000 kcal/day) commonly occurs for up to 6 months. After 6 months, the rate of weight loss usually declines and weight plateaus because of a lesser energy expenditure at the lower weight. After 6 months of weight loss treatment, efforts to maintain weight loss should be put in place. If more weight loss is needed, another attempt at weight reduction can be made. This will require further adjustment of the diet and physical activity prescriptions. For patients unable to achieve significant weight reduction, prevention of further weight gain is an important goal; such patients may also need to participate in a weight management program. In this case, there is no indication of calorie reduction, exercise or other behavioral interventions. BMI, height or weight are not provided. There is no indication of failure or regaining of weight after prior attempts to lose weight. Therefore the request for a [REDACTED] weight management program is not medically necessary.