

Case Number:	CM13-0025422		
Date Assigned:	11/20/2013	Date of Injury:	08/11/2010
Decision Date:	11/12/2015	UR Denial Date:	08/22/2013
Priority:	Standard	Application Received:	09/17/2013

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: California
 Certification(s)/Specialty: Internal Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This injured worker is a 37 year old female who reported an industrial injury on 8-11-2010. Her diagnoses, and or impressions, were noted to include: left knee patella-femoral chondromalacia; and status-post arthroscopic left knee meniscectomy and chondroplasty. No current imaging studies were noted. Her treatments were noted to include: surgery; injection therapy; medication management with toxicology studies (3-6-2013); and rest from work. The progress notes of 7-24-2013 reported: that she was still using a cane for support; ache to anterior and lateral left knee; and pain on weight bearing. The objective findings were noted to include: anterior and lateral joint line pain; occasional catching at patella-femoral joint; range-of-motion 0-120 degrees; and valgus - 4 degrees. The physician's requests for treatment were not noted to include a weight loss program. No treatment documentation for a weight loss program was noted in the medical records provided. The Request for Authorization, dated 8-8-2013, was noted to include a weight loss program. The Utilization Review of 8-22-2015 non-certified the request for a weight loss program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Weight Loss Program: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Aetna, Clinical Policy Bulletin, Weight Reduction Medications and Programs.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Aetna.com, last review 10/23/2015.

Decision rationale: Both ODG and MTUS are silent on the topic of weight loss programs. However, Aetna's health plan policy is as follows: Aetna considers the following medically necessary treatment of obesity when criteria are met: Weight reduction medications, and Clinician supervision of weight reduction programs. Weight Reduction Medications: Note: Many Aetna benefit plans specifically exclude coverage of weight reduction medications under the pharmacy benefit and/or under the health benefits plan. The medical necessity criteria set forth below do not apply to health plans that specifically exclude services and supplies for or related to treatment of obesity or for diet or weight control. Under these plans, claims for weight loss drugs will be denied based on this exclusion. For members whose medical policies do not exclude weight reduction medications or services and supplies for or related to weight reduction programs, Aetna covers these drugs under the medical benefit, not the pharmacy benefit. Please check benefit plan descriptions for details. Weight reduction medications are considered medically necessary for members who have failed to lose at least one pound per week after at least 6 months on a weight loss regimen that includes a low calorie diet, increased physical activity, and behavioral therapy, and who meet either of the following selection criteria below: Member has a body mass index (BMI) greater than or equal to 30 kg/m; or Member has a BMI greater than or equal to 27 kg/m with any of the following obesity-related risk factors considered serious enough to warrant pharmacotherapy: Coronary heart disease, Dyslipidemia: HDL cholesterol less than 35 mg/dL, or LDL cholesterol greater than or equal to 160 mg/dL, or Triglycerides greater than or equal to 400 mg/dL, Hypertension (systolic blood pressure [SBP] higher than 140 mm Hg or diastolic blood pressure [DBP] higher than 90 mm Hg on more than one occasion), Obstructive sleep apnea, Type 2 diabetes mellitus. Weight reduction medications are considered experimental and investigational when these criteria are not met. Body Mass Index (BMI) = weight (kg) / [height (m)] <http://www.nhlbi.nih.gov/guidelines/obesity/BMI/bmicalc.htm>The following medications have been approved by the FDA for weight reduction: Benzphetamine [Didrex], Diethylpropion [Tenuate], Liraglutide [Saxenda], Lorcaserin [Belviq], Naltrexone and bupropion [Contrave] Orlistat [Xenical, Alli], Phendimetrazine [Bontril] Phentermine [Adipex-P], and Phentermine and topiramate [Qsymia]. In this case, there is no good documentation that the patient has tried a weight loss regimen that includes a low calorie diet, increased physical activity, and behavioral therapy. Therefore, progressing to the next step of a weight loss program is not medically necessary.