

Case Number:	CM13-0051085		
Date Assigned:	12/27/2013	Date of Injury:	08/18/2009
Decision Date:	04/02/2015	UR Denial Date:	11/04/2013
Priority:	Standard	Application Received:	11/14/2013

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic knee pain reportedly associated with cumulative trauma at work, first claimed on August 18, 2009. In a utilization review report dated November 4, 2013, the claims administrator failed to approve a request for a three-month [REDACTED] Program. The claims administrator referenced progress notes of October 24, 2013 and August 5, 2013 in its determination. On October 24, 2013, the attending provider noted that the applicant had ongoing complaints of knee pain. The attending provider stated that he was seeking authorization for a weight loss program on the grounds that it had been recommended by the applicant's agreed medical evaluator. The applicant was status post bilateral knee arthroscopies. Visco supplementation injections had also been performed. Permanent work restrictions were renewed. The weight loss program was endorsed. The applicant's height, weight, and BMI were not, however, stated.

IMR ISSUES, DECISIONS AND RATIONALES

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

[REDACTED] **Program (3-months): Upheld**

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medical Disability Advisor by Presley Reed, MD. Obesity.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 1 Prevention Page(s): 111.

Decision rationale: As noted in the MTUS Guideline in ACOEM Chapter 1, page 11, strategies based on modification of applicant-specific risk factors such as the weight loss program at issue may be more difficult, less certain, and possibly less cost effective. Here, the attending provider did not furnish any clear, compelling, or cogent applicant-specific rationale or medical evidence which would offset the tepid-to-unfavorable ACOEM position on the article at issue. The applicant's height, weight, and BMI were not attached to the RFA form and progress note of October 24, 2013, it is further noted. Therefore, the request was not medically necessary.