

Case Number:	CM14-0106498		
Date Assigned:	07/30/2014	Date of Injury:	12/13/2011
Decision Date:	01/14/2015	UR Denial Date:	06/12/2014
Priority:	Standard	Application Received:	07/09/2014

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 and Rehabilitation 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 underlying date of injury in this case is 12/13/2011. The date of the utilization review under appeal is 06/12/2014. An orthopedic follow-up note of 05/20/2014 noted the patient was status post a left knee arthroscopy with partial medial and lateral meniscectomy and chondroplasty. The patient had healed incisions with no effusions and with range of motion of 0-130 degrees. The patient had pain with patellofemoral compression and had slight crepitus and pain with range of motion. The patient also had 4+/5 quadriceps and hamstring strength. The patient remained with residual pain in the left knee which was severe at times. The treating physician noted the patient was overweight at 215 pounds and 5 feet 8 inches. The treating physician recommended a [REDACTED] or [REDACTED] type of weight loss program to reduce the patient's left knee pain.

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 cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, consultation, page 127

Decision rationale: ACOEM guidelines, Chapter 7, consultation, page 127, notes that the occupational health practitioner may refer to other specialists if the plan of care may benefit from additional expertise. At this time it is not clear if the requested weight loss programs are medically supervised or the extent of such supervision. Additionally, it is not clear the extent to which this patient may or may not have tried to lose weight on his own initially. For these multiple reasons, the records and guidelines do not support the requested weight loss programs. This request is not medically necessary.