

Case Number:	CM14-0173803		
Date Assigned:	10/27/2014	Date of Injury:	11/15/2006
Decision Date:	03/12/2015	UR Denial Date:	10/10/2014
Priority:	Standard	Application Received:	10/21/2014

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. 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: Physical Medicine & Rehabilitation

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 44-year-old female, with a reported date of injury of 11/15/2008. The current diagnoses include left knee arthritis syndrome and left knee medial meniscal tear. The past diagnoses include left knee arthritis syndrome and left knee medial meniscal tear. Treatments have included physical therapy for the left leg; pain medicine; an MRI of the left knee on 03/31/2014 which showed non-displaced horizontal tearing in the posterior horn of the medial meniscus, intrasubstance degeneration versus tearing of the anterior horn of the lateral meniscus, anterior cruciate ligament reconstruction and thinning, small joint effusion, and tricompartmental cartilage tear. The progress report (PR-2) dated 10/02/2014 indicates that the injured worker complained of constant pain in the left knee and anterior thigh and calf. It was noted that the injured worker was not tolerating Naproxen well. The objective findings showed left knee swelling, antalgic gait, medial meniscal tear, chondromalacia, and a body mass index of 39. Recommendations included a weight reduction program. There was no Request for Authorization Form submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Weight watchers weight reduction program: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Ann Intern Med, 2005 Jan 4;142(1):56-66. Systematic review: an evaluation of commercial weight loss programs in the United States, Tsal AG, Wadden TA.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 7.

Decision rationale: California MTUS Guidelines state functional restoration is an established treatment approach that aims to minimize the residual complaints and disability resulting from acute and/or chronic medical conditions. Independent self-management is the long-term goal of all forms of functional restoration. The principles of functional restoration apply to all conditions in general, and are not limited to injuries or pain. As per the clinical documentation submitted, there is no indication that this injured worker has tried and failed weight loss with diet and exercise prior to the request for a supervised weight loss program. The medical necessity for the requested service has not been established. Therefore, the request is non-certified.