

Case Number:	CM14-0188006		
Date Assigned:	11/18/2014	Date of Injury:	12/04/2011
Decision Date:	01/06/2015	UR Denial Date:	11/01/2014
Priority:	Standard	Application Received:	11/11/2014

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, has a subspecialty in Pain Management 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:

This is a male patient with the date of injury of December 4, 2011. A Utilization Review dated November 1, 2014 recommended non-certification of 10 weeks [REDACTED] weight loss program and 1 left knee biocare right wraps. A Progress Report dated October 20 2014 identifies Subjective Complaints of left knee pain with popping, clicking, and giving way. The patient also notes back pain radiating to the left calf with numbness and tingling. Examination identifies left knee tenderness to the medial joint line, lateral joint line, and peripatellar area, crepitus, flexion 100 degrees, extension 0 degrees, lumbar spine paraspinal tenderness, and positive straight leg raise. Diagnoses identify sprain lumbar region. Treatment Plan identifies [REDACTED] weight program and left knee bio-care wraps.

IMR ISSUES, DECISIONS AND RATIONALES

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

10 weeks [REDACTED] Weight loss program: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Physicians, page(s) 525-31

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical

Evidence: Systematic review: an evaluation of major commercial weight loss programs in the United States. (<http://www.ncbi.nlm.nih.gov/pubmed/15630109>)

Decision rationale: Regarding the request for 10 weeks ██████████ Weight loss program, CA MTUS and ODG do not address the issue. A search of the National Library of identified an article entitled "Systematic review: an evaluation of major commercial weight loss programs in the United States." This article noted that, with the exception of 1 trial of ██████████, the evidence to support the use of the major commercial and self-help weight loss programs is suboptimal, and controlled trials are needed to assess the efficacy and cost-effectiveness of these interventions. Within the documentation available for review, the documentation does not clearly describe the patient's attempts at diet modification and a history of failure of reasonable weight loss measures such as dietary counseling, behavior modification, caloric restriction, and exercise within the patient's physical abilities. In light of the above issues, the currently requested 10 weeks ██████████ Weight loss program is not medically necessary.

1 Left Knee bionicare right wraps: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee (Acute and Chronic)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 340. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg, BioniCare® knee device

Decision rationale: Regarding the request for 1 left knee BioniCare right wraps, California MTUS recommends the use of knee braces for certain diagnoses but does not address Bionicare. ODG states it is an option for patients in a therapeutic exercise program for osteoarthritis of the knee, who may be candidates for total knee arthroplasty (TKA) but want to defer surgery. Within the documentation available for review, there is no indication that the patient is in a therapeutic exercise program for osteoarthritis of the knee and may be a candidate for total knee arthroplasty (TKA) but wants to defer surgery. In light of the above issues, the currently requested 1 left knee BioniCare right wraps is not medically necessary.