

Case Number:	CM14-0192514		
Date Assigned:	11/26/2014	Date of Injury:	06/27/2000
Decision Date:	01/12/2015	UR Denial Date:	11/13/2014
Priority:	Standard	Application Received:	11/18/2014

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 Internal Medicine and is licensed to practice in New York. 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 claimant is a 53 year male who sustained an industrial injury on 06/27/2000. The mechanism of injury was not provided for review. His diagnoses included right knee pain- s/p arthroscopy, medical meniscectomy, and chondroplasty, and left knee pain s/p arthroscopy, partial medial meniscectomy, chondroplasty patella removal of loose bodies, and Anterior cruciate ligament reconstruction with allograft. He continues to complain of bilateral knee pain. On physical exam his body mass index (BMI) is 36.8 and there is tenderness to palpation along the medical joint lines of both knees without any effusion. Treatment in addition to surgery has included medical therapy with Norco, multiple steroid/Synvisc and plasma enriched platelet injections. The treating provider has requested [REDACTED] Weight Loss Program and Physicians to supervise weight loss.

IMR ISSUES, DECISIONS AND RATIONALES

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

[REDACTED] 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 Other Medical Treatment Guideline or Medical Evidence: Medscape Internal Medicine- Weight Loss Programs 2012

Decision rationale: There is no specific documentation addressed by American College of Occupational and Environmental Medicine (ACOEM)/MTUS Guidelines for weight loss requirements for the treatment of chronic knee pain. Per Medscape Internal Medicine weight loss is beneficial for partial relief of symptoms for patients with morbid obesity and arthritis. There is no documentation of failure of independent efforts at weight loss. The claimant by body mass index (BMI) criteria is morbidly obese and his overall health would benefit from significant and sustained weight loss. Medical necessity for the specific [REDACTED] Weight Loss Program has not been established. The requested service is not medically necessary.

Physicians to Supervise 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 Other Medical Treatment Guideline or Medical Evidence: Medscape Internal Medicine- Weight Loss Programs 2012

Decision rationale: There is no specific documentation addressed by American College of Occupational and Environmental Medicine (ACOEM)/ California Medical Treatment Utilization Schedule (MTUS) Guidelines for weight loss requirements for treatment of chronic knee pain. Per Medscape Internal Medicine weight loss is beneficial for partial relief of symptoms for patients with morbid obesity and arthritis. There is no documentation of failure of independent efforts at weight loss. The claimant by BMI criteria is morbidly obese and his overall health would benefit from significant and sustained weight loss. The claimant can undergo dietary counseling from his PCP. Medical necessity for any other outside physician supervised diet program has not been established. The requested service is not medically necessary.