

<b>Case Number:</b>	CM14-0195591		
<b>Date Assigned:</b>	12/03/2014	<b>Date of Injury:</b>	08/29/2012
<b>Decision Date:</b>	01/15/2015	<b>UR Denial Date:</b>	11/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/21/2014

### 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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine 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 patient is a 57 year old male with an injury date of 08/29/12. Based on the 07/22/14 progress report, the patient complains of right knee pain. The patient is morbidly obese, having a height of 5'8 and weighing 330 lbs. There is incompetent right medial knee support with hyperextension in valgus and pain. He wears a right knee brace and ambulates with a cane in his left hand. The 09/03/14 report states that the patient rates his right knee pain as a 7/10. He has issues with instability in the knee, popping, and nighttime pain. The patient has medial joint space tenderness. The 10/15/14 report indicates that the patient rates his knee pain as a 7-8/10 and describes his knee pain as being constant, sharp, and feels as though it is going to give out. The 11/07/14 x-ray of the left knee revealed mild degenerative medial joint space narrowing. The 11/07/14 x-ray of the right knee revealed the following: 1) moderate degenerative medial joint space narrowing 2) mild patellar chondromalacia The patient's diagnoses include the following: 1) right medial meniscal tear, per MRI 11/29/13 2) right knee popliteal cyst positive per MRI 3) right medial collateral ligament strain per MRI 4) right knee chondromalacia patella, per MRI 5) morbid obesity The utilization review determination being challenged is dated 11/07/14. Treatment reports were provided from 09/18/13- 10/15/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Outpatient weight loss program for the right knee:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Exercise Page(s): 46-47.

**Decision rationale:** According to the 10/15/14 report, the patient presents with knee pain which he describes as being constant, sharp, and feels as though it is going to give out. The request is for an outpatient weight loss program for the right knee. The rationale is that "a weight loss program is not necessary to achieve weight loss; there are many no to low cost programs available in the [REDACTED] to help people in weight loss efforts, such that a formal program would not be medically necessary." MTUS Guidelines page 46 and 47 recommends exercise, but states that there is no sufficient evidence to support the recommendation of any particular exercise regimen over any other exercise regimen. There are no discussions regarding weight loss programs in other guidelines such as ODG or ACOEM. However, Aetna Guidelines allow "up to a combined limit of 26 individual or group visits by any recognized provider for a 12-month period." Physician monitored programs are supported for those with BMI greater than 30, but excludes [REDACTED], [REDACTED], [REDACTED], [REDACTED], or similar programs. The 10/15/14 report states that "he should be referred to a weight loss specialist who can help him lose weight so if he does need surgery, he can proceed to surgery. If he loses enough weight he may become a candidate for a medial meniscectomy or total reconstruction of right knee joint. If and when the weight loss specialist believes that he can no longer lose weight or if he never becomes a suitable candidate for surgery, he can be considered to have reached permanent and stationary status and can be rated at that time. Although there is a discussion provided regarding why the patient may need this weight loss program, the progress reports do not define the weight loss goals nor do they reveal any steps taken by the patient to achieve those goals. The request is not specific and it is not known if this is a physician-based program. The requested outpatient weight loss program for the right knee is not medically necessary.