

Case Number:	CM14-0203767		
Date Assigned:	12/16/2014	Date of Injury:	08/15/2012
Decision Date:	02/06/2015	UR Denial Date:	11/25/2014
Priority:	Standard	Application Received:	12/05/2014

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 Family Practice, 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 25 years old female patient who sustained an injury on 8/15/2012. She sustained the injury when she squatted to get a box of churros weighing approximately 25 pounds and as she was coming up she felt a pop and a locking in her knee. The current diagnoses include morbid obesity and right knee an ACL tear, medial meniscal tear and possible lateral meniscal tear. Per the doctor's note dated 12/2/2014, she had complaints of right knee pain. The physical examination revealed weight 265 pounds, BMI- 44.09, right knee- medial and lateral joint line tenderness, range of motion- flexion 105 and extension 0 degree, positive Mc Murray test, grade 3 anterior drawer and Lachman's and grade 0 medial and lateral collateral ligament instability. Per the note dated 6/19/14 the medications list includes ibuprofen and vicodin. She has had MRI right knee dated 12/10/2013 which revealed an ACL tear, medial meniscal tear and possible lateral meniscal tear. She has had physical therapy visits for this injury.

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 Official Disability Guidelines (ODG); Chapter: Knee

and Leg; Gym memberships and on Other Medical Treatment Guideline or Medical Evidence: American Family Physician. 2006 Jun 1;73 (11):2074-2077.-Practice Guideline-Joint Position Statement on Obesity in Older Adults.

Decision rationale: ACOEM/CA MTUS do not specifically address weight loss program. Per the cited guidelines "With unsupervised programs there is no information flow back to the provider, so he or she can make changes in the prescription, and there may be risk of further injury to the patient. Gym memberships, health clubs, swimming pools, athletic clubs, etc., would not generally be considered medical treatment." Treatments for obesity either decrease energy intake or increase energy expenditure. Those that decrease energy intake have a greater potential for causing weight loss than those that increase energy expenditure through exercise. Per the Practice Guideline-Joint Position Statement on Obesity in Older Adults-"When beginning weight-loss therapy for older patients, all appropriate information should first be collected (i.e., medical history, physical examination, laboratory tests, medication assessment, and evaluation of the patients of inclination to lose weight). Physicians should assist their patients in making lifestyle and behavioral changes by setting goals, supervising progress, and motivating patients" The records provided do not provide detailed information about patient's dietary history. The response to any prior attempts of weight loss treatments are not specified in the records provided. Tests for medical conditions contributing to his inability to lose weight like hypothyroidism are not specified in the records provided. Any medications that may be contributing to his weight gain are not specified in the records provided. Any possible psychiatric co morbidities like depression or bulimia that may be contributing to the patient's weight gain are not specified in the records provided. The medical necessity of Weight loss program is not fully established for this patient.