

<b>Case Number:</b>	CM14-0203906		
<b>Date Assigned:</b>	12/16/2014	<b>Date of Injury:</b>	01/06/2005
<b>Decision Date:</b>	02/03/2015	<b>UR Denial Date:</b>	11/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	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, has a subspecialty in ENTER SUBSPECIALTY 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:

55 yr. old male claimant sustained a work injury on 1/5/05 involving the knee. He was diagnosed with osteoarthritis of the knee and obesity. An arthroscopy in 9/2011 showed osteoarthritis and a tear of the medial meniscus, ACL and PCL. A progress note on 11/25/13 indicated the claimant had left knee pain. His weight was 360 lbs with a BMI of 43.8. Exam findings were notable for tenderness in the medial joint line of the left medial knee. He was determined to likely need a knee replacement and weight loss before surgery. He was referred to a dietitian and a weight loss clinic. A progress note on 10/2/14 indicated the claimant cannot lose weight due to inability to exercise. A surgery for his knee was planned which could not be safely performed without weight loss. The physician again requested a dietitian and a weight loss program.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Referral to dietitian/nutritionist:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Chapter 7, Independent Medical Examinations and Consultation, page 127

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) national obesity guidelines

**Decision rationale:** According to the guidelines, the initial goal of weight loss therapy is to reduce body weight by approximately 10 percent from baseline. Weight loss at the rate of 1 to 2 lb/week (calorie deficit of 500 to 1,000 kcal/day) commonly occurs for up to 6 months. After 6 months, the rate of weight loss usually declines and weight plateaus because of a lesser energy expenditure at the lower weight. After 6 months of weight loss treatment, efforts to maintain weight loss should be put in place. If more weight loss is needed, another attempt at weight reduction can be made. This will require further adjustment of the diet and physical activity prescriptions. For patients unable to achieve significant weight reduction, prevention of further weight gain is an important goal; such patients may also need to participate in a weight management program. A combined intervention of behavior therapy, low calorie diet, and increased physical activity provides the most successful therapy for weight loss and weight maintenance. Since the claimant cannot exercise and requires behavior therapy, a weight program is medically necessary.

**Weight loss program:** Overturned

**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: National Obesity Guidelines.

**Decision rationale:** According to the guidelines, the initial goal of weight loss therapy is to reduce body weight by approximately 10 percent from baseline. Weight loss at the rate of 1 to 2 lb/week (calorie deficit of 500 to 1,000 kcal/day) commonly occurs for up to 6 months. After 6 months, the rate of weight loss usually declines and weight plateaus because of a lesser energy expenditure at the lower weight. After 6 months of weight loss treatment, efforts to maintain weight loss should be put in place. If more weight loss is needed, another attempt at weight reduction can be made. This will require further adjustment of the diet and physical activity prescriptions. For patients unable to achieve significant weight reduction, prevention of further weight gain is an important goal; such patients may also need to participate in a weight management program. A combined intervention of behavior therapy, low calorie diet, and increased physical activity provides the most successful therapy for weight loss and weight maintenance. Since the claimant cannot exercise and requires behavior therapy, a weight program is medically necessary.