

Case Number:	CM14-0208680		
Date Assigned:	12/22/2014	Date of Injury:	11/26/2008
Decision Date:	02/10/2015	UR Denial Date:	12/05/2014
Priority:	Standard	Application Received:	12/12/2014

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, has a subspecialty in Rheumatology, and is licensed to practice in Maryland. 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 43 year old male with date of injury 11/26/08. The mechanism of injury is stated as a fall. The patient has complained of bilateral knee pain right greater than left since the date of injury. He has been treated with arthroscopic debridement of the right knee, TENS unit, physical therapy and medications. There are no radiographic reports included for review. Objective: right knee: positive medial joint line tenderness, positive McMurray's sign, decreased and painful range of motion, patellofemoral crepitus; left knee: medial joint line tenderness to palpation, small, cool effusion, positive McMurray's sign. Diagnoses: right knee recurrent internal derangement, left knee sprain. Treatment plan and request: nutritional consult for medically supervised weight loss program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nutritional consult for medically supervised weight loss program: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints
Page(s): 338-342, 346-350, 352.

Decision rationale: This 43 year old male has complained of bilateral knee pain right greater than left since date of injury 11/26/08. He has been treated with arthroscopic debridement of the right knee, TENS unit, physical therapy and medications. The current request is for nutrition consult for medically supervised weight loss program. Per the MTUS guidelines cited above, nutrition consult for medically supervised weight loss program is not indicated as medically necessary in the treatment of knee complaints. On the basis of the available medical records and MTUS guidelines, nutrition consult for medically supervised weight loss program is not indicated as medically necessary.