

Case Number:	CM15-0004141		
Date Assigned:	01/15/2015	Date of Injury:	04/20/2005
Decision Date:	03/12/2015	UR Denial Date:	01/01/2015
Priority:	Standard	Application Received:	01/08/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Texas, California
 Certification(s)/Specialty: Family Practice

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 51 year old male patient who sustained an injury dated 04/20/2005. His diagnoses include status post right knee fracture with open reduction internal fixation (1992) with residual pain, status post right knee trauma in 1987 with arthroscopy in 1990, status post blunt trauma right knee contusion with possible internal derangement, status post right ankle lateral ligament sprain with possible right ankle fracture, status post right third, fourth and fifth toe proximal interphalangeal joint sprain with possible fracture greatest at fourth proximal phalanx, bilateral wrist unchanged, anxiety, stress, depression, insomnia, and gastrointestinal complaints with a history of myocardial infarction. Per the re-evaluation note dated 03/03/2014, he had complaints of pain in the right knee, right ankle and foot, and bilateral hand and wrist pain despite the use of Norco. He also reported cardiac issues after suffering a myocardial infarction on 09/09/2013, burning pain along the right side of the abdomen, and an 80 pound weight gain since his injury. The objective examination revealed right knee restricted range of motion with tenderness; right ankle/foot- decreased range of motion and tenderness; 4/5 strength in right knee flexion and extension. He has had diagnostic testing including x-ray of the right knee and right ankle dated 03/03/2014 which revealed moderate medial and lateral compartment osteoarthritis with severe patellofemoral arthritis, and ostrigonum with degenerative changes of the talonavicular joint and the medial joint degenerative changes. He has undergone lumbar spine surgery on 12/05/2013 and 2009; right knee surgeries in 1990 and 1992. Physical therapy was recommended but never started. He has had lab tests in 3/2014 including CBC, lipid panel, thyroid panel and iron and TIBC panel. The treating physician is requesting 10 week weight loss program with [REDACTED]

which was denied by the utilization review. On 01/01/2015, Utilization Review non-certified a request for a 10 week weight loss program with [REDACTED], noting the guidelines recommend diet, exercise and medication which can be provided or instructed by the primary treating physician. Non-MTUS guidelines were cited. On 01/08/2015, the injured worker submitted an application for IMR for review of a 10 week weight loss program with [REDACTED]

IMR ISSUES, DECISIONS AND RATIONALES

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

10 week weight loss program with [REDACTED] Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Pinkerman C, Sander P, Breeding JE, Brink D, Curtis R, Hayes R, Ojha A, Pandita D, Raikar S, Setterlund L, Sule O, Turner A. Heart failure in adults. Bloomington (MN): Institute for Clinical Systems Improvement (ICSI); 2013 Jul. 94 p. [190 references]; and the Non-MTUS Snow V, Barry P, Fitterman N, Qaseem A, Weiss K. Pharmacologic and surgical management of obesity in primary care: a clinical practice guideline from the American College of Physicians. Ann Intern Med 2005 Apr 5;142(7):525-31.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Chapter:Knee & Leg (updated 02/27/15) Gym memberships, American Family Physician. 2006 Jun 1;73(11):2074-2077.-Practice Guideline-Joint Position Statement on Obesity in Older Adults

Decision rationale: Request: 10 week weight loss program with [REDACTED]—
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 patient's 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. 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 10 week weight loss program with [REDACTED] is not fully established for this patient at this time.