

<b>Case Number:</b>	CM15-0104967		
<b>Date Assigned:</b>	06/09/2015	<b>Date of Injury:</b>	07/09/2011
<b>Decision Date:</b>	07/10/2015	<b>UR Denial Date:</b>	05/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/01/2015

### 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: North Carolina  
 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 40 year old female sustained an industrial injury to the right knee on 7/9/11. Previous treatment included magnetic resonance imaging, right knee arthroscopy, injections, physical therapy and medications. In a PR-2 dated 4/14/15, the injured worker complained of right knee pain and popping. The injured worker reported that Hyalgan injections had helped for two months but the pain had returned. The injured worker reported a recent episode of increased right knee pain and popping necessitating a trip to the Emergency Department on 4/7/15. Physical exam was remarkable for right knee with increased crepitus, tenderness to palpation and decreased range of motion due to pain. The physician noted that the injured worker needed weight loss to treat the right knee. Current diagnoses included tricompartmental osteoarthritis right knee and right knee intra-articular loose body/chondromalacia patella. The treatment plan included prescriptions for Tramadol, Soma, Naproxen Sodium and Prevacid), requesting authorization for four Synvisc injections and requesting authorization for a [REDACTED] program.

### IMR ISSUES, DECISIONS AND RATIONALES

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

1 [REDACTED] **Program Trial:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 1 Prevention.  
Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Obesity.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS.  
Decision based on Non-MTUS Citation up-to date guidelines, obesity.

**Decision rationale:** The California MTUS, ODG and the ACOEM do not specifically address the requested service. The up-to date clinical guidelines on obesity recommend treatment in the form of diet and exercise and in select patients, medication and possible surgical intervention. The guidelines do not espies one diet program over another and therefore the request is not medically necessary.