

Case Number:	CM15-0106468		
Date Assigned:	06/11/2015	Date of Injury:	10/05/2010
Decision Date:	07/16/2015	UR Denial Date:	05/28/2015
Priority:	Standard	Application Received:	06/03/2015

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, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 applicant is represented 52-year-old who has filed a claim for chronic knee and leg pain reportedly associated with an industrial injury of October 5, 2010. In a Utilization Review report dated May 28, 2015, the claims administrator failed to approve a request for a three-month weight loss program. The claims administrator referenced progress notes of October 28, 2013, January 2, 2013, and May 12, 2015 in its determination. The claims administrator suggested that the applicant would attempt to lose weight to qualify for total knee arthroplasty (TKA). The claims administrator stated that it was unlikely that the applicant would lose the requisite amount of weight needed to pursue the knee arthroplasty, citing only modest weight gain achieved over the preceding several years. In a May 12, 2015 work status report, the applicant was placed off of work, on total temporary disability, through July 2, 2015. The applicant's weight history was provided. It was suggested that the applicant had weighed 280 pounds on November 26, 2013, had at one point, weighed 367 pounds on February 20, 2012, and that the applicant's weight had fluctuated widely over the years. In a progress note dated March 31, 2015, the applicant was described as having issues with advanced knee arthritis. The applicant weighed 307 pounds, it was reported on this occasion. The applicant was described as having severe exogenous obesity and hypertension, it was suggested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medical Weight Loss Program, 3 months: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Guidelines Clearing house; US Preventative Services Task Force: Screening for and management of obesity in adults, 2012.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 1 Prevention Page(s): 11. Decision based on Non-MTUS Citation <http://emedicine.medscape.com/article/123702-treatment>, Obesity Treatment & Management Author: Osama Hamdy, MD, PhD; Chief Editor: Romesh Khardori, MD, PhD, FACP Scientific evidence indicates that multidisciplinary programs reliably produce and sustain modest weight loss between 5% and 10% for the long-term.

Decision rationale: Yes, the request for a three-month weight loss was medically necessary, medically appropriate, and indicated here. While the MTUS Guideline in ACOEM Chapter 1, page 11, notes that strategies based on modification of the applicant-specific risk factors such as may be less certain, more difficult, and possibly less cost effective, in this case, however, it appeared that the applicant had tried and failed to lose weight of his own accord. The applicant's candidacy and suitability for total knee arthroplasty were apparently contingent on the applicant's successfully losing weight. The applicant did have comorbidities to include hypertension. Medscape's Obesity Treatment & Management article notes that scientific evidence indicates that multidisciplinary program reliably produce modest weight gain loss between 5 and 10%. Here, thus, the applicant was likely an appropriate candidate for the program in question, given his comorbidities to include hypertension, and widely fluctuating weight. Therefore, the request was medically necessary, despite the tepid ACOEM position on the same.