

<b>Case Number:</b>	CM15-0106590		
<b>Date Assigned:</b>	06/11/2015	<b>Date of Injury:</b>	04/19/2012
<b>Decision Date:</b>	07/14/2015	<b>UR Denial Date:</b>	05/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/02/2015

### 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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 injured worker is a 49 year old female, who sustained an industrial injury on 4/19/2012, while employed as a property manager. She reported a fall down steps. The injured worker was diagnosed as having osteoarthritis of the right knee. Treatment to date has included diagnostics, physical therapy, medications, steroid injections, right knee arthroscopy on 9/23/2013, and viscosupplementation injections. The Qualified Medical Examination (2/24/2015) referenced multiple progress reports with recommendations for weight loss. At that time, her physical exam noted a body mass index of 53.2%, with a weight of 350 pounds. She had been recommended for total knee arthroplasty after failing conservative treatments. Weight loss was recommended prior to any surgical intervention for her right knee. Currently (5/05/2015), the injured worker complains of pain in her right knee. Her current weight was documented at 338 pounds, noting that she lost 9 pounds on her own. She was currently not working. The treatment plan included weight loss program.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Weight loss program:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation  
[http://www.aetna.com/cpb/medical/data/1\\_99/0039.html](http://www.aetna.com/cpb/medical/data/1_99/0039.html).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Exercise Page(s): 46-47. Decision based on Non-MTUS Citation [www.lindora.com/lhc-riteaid.aspx](http://www.lindora.com/lhc-riteaid.aspx)  
AETNA website [aetna.com/cpb/medical/data/1\\_99/0039.html](http://aetna.com/cpb/medical/data/1_99/0039.html).

**Decision rationale:** Based on the 05/05/15 progress report provided by treating physician, the patient presents with right knee pain. The patient is status post right knee arthroscopy, 09/23/13. The request is for weight loss program. Patient's diagnosis per Request for Authorization form dated 05/12/15 includes osteoarthritis right knee. Physical examination to the right knee on 11/13/14 revealed less swelling and AROM 0-100 degrees. The patient limps and is on crutches. Treatment to date has included diagnostics, physical therapy, steroid injections, and medications. The patient may work modified duty with restrictions, per 02/29/15 QME report. Per 05/05/15 report, the patient is off work. MTUS Guidelines page 46 and 47 recommends exercise, but states that there is no sufficient evidence to support the recommendation of any particular exercise regimen over any other exercise regimen. Neither MTUS, ODG, nor ACOEM have any say on the weight loss program AETNA website [aetna.com/cpb/medical/data/1\\_99/0039.html](http://aetna.com/cpb/medical/data/1_99/0039.html) was referred. AETNA allows "medically supervised" weight loss program only if the patient has failed caloric restriction and physical activity modifications. The [REDACTED] weight program is a medically supervised program [www.lindora.com/lhc-riteaid.aspx](http://www.lindora.com/lhc-riteaid.aspx) Per 05/05/15 report, treater states "QME 02/24/15 says no total knee replacement until weight loss. On crutches. [The patient] has lost 9 lbs. on her own. Current weight 338 lbs. Guards. Crepitation." Physical exam noted a body mass index of 53.2%, with a weight of 350 pounds, per QME report dated 02/24/15. Per 11/13/14 report, the patient "qualified for a gastric sleeve but her insurance would not pay." In this case, the patient is classified as morbidly obese, and treater states patient tried to lose weight on her own. However, progress reports do not reveal any steps taken by the patient to achieve weight loss goals, such as caloric restriction or increased physical activity. Furthermore, treater has not documented what the weight loss program entails. Given the patient's morbid obesity classification, the patient would qualify for physician-monitored programs, but would exclude [REDACTED], [REDACTED], [REDACTED], [REDACTED], or similar programs. Moreover, there is no stated number of sessions to be attended, and there is no stated end-point or goal weight set in the request. Without a specific number of weight loss sessions to be undertaken, with a clearly stated end-point or goal, the request as written cannot be substantiated. Therefore, the request IS NOT medically necessary.