

Case Number:	CM15-0131402		
Date Assigned:	07/17/2015	Date of Injury:	09/27/2008
Decision Date:	08/17/2015	UR Denial Date:	06/22/2015
Priority:	Standard	Application Received:	07/07/2015

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 a represented 49-year-old who has filed a claim for chronic knee and leg pain reportedly associated with an industrial injury of December 27, 2008. In a Utilization Review report dated May 19, 2015, the claims administrator failed to approve a request for a five-week [REDACTED] program. The claims administrator referenced an RFA form received on June 12, 2015 and an associated progress note of June 4, 2015 in its determination. The applicant's attorney subsequently appealed. On June 4, 2015, the applicant reported ongoing complaints of low back and left leg pain. The applicant had had an unsuccessful outcome following an earlier left knee total knee arthroplasty procedure, it was reported. The applicant had, at times, used a scooter to move about, it was reported. The applicant was described as severely obese, standing 64.5 inches tall and weighing 262 pounds. The applicant was using a walker to move about. A left dropfoot was noted. The attending provider also noted that the applicant had issues with left lower extremity edema present. The attending provider stated that the applicant felt he could not participate in aquatic therapy. A weight loss program was sought. Keflex was endorsed for leg cellulitis. The applicant's permanent work restrictions were renewed. It did not appear that the applicant was working with said limitations. The applicant was using Norco for pain relief, it was reported.

IMR ISSUES, DECISIONS AND RATIONALES

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

Five weeks [REDACTED]: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Clinical Policy Bulletin: Weight Reduction Medications and Programs; Arch Phys Med Rehabil. 2004; 85(4): 640-8.

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 proposed five-week [REDACTED] program 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 applicant-specific risk factors such as the weight loss program at issue may be less certain, more difficult, possibly less cost effective, the tepid ACOEM position is offset by the specifics of the applicant's case and another Medical Treatment Guideline (MTG) in the form of the Medscape's Obesity Treatment and Management article, which notes that scientific evidence indicates that weight loss programs reliably produce and sustain modest weight loss between 5% to 10% over the long term. Here, the specifics of the applicant's case likewise do make a compelling case for the weight loss program in question. The applicant was described on a June 4, 2015 office visit as weighing 262 pounds, which, coupled with the height of 64 inches, results in a BMI of 53, suggesting severe or extreme obesity. The applicant was having difficulty ambulating on June 4, 2015. The attending provider posited that the applicant was incapable of participating in aquatic therapy. The applicant was using a walker on that date. The weight loss program at issue, thus, could have facilitated the applicant's participation in active therapy and/or active modalities later on down the road, including aquatic therapy, if successful. Therefore, the request was medically necessary.