

Case Number:	CM15-0136908		
Date Assigned:	07/23/2015	Date of Injury:	11/15/2011
Decision Date:	08/25/2015	UR Denial Date:	06/23/2015
Priority:	Standard	Application Received:	07/15/2015

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, 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:

The injured worker is a 61-year-old female, who sustained an industrial injury on 11-15-2011. On provider visit dated 06-01-2015 the injured worker has reported chronic low back pain and bilateral knee. The injured work was noted to be status post knee surgery. On examination of the injured worker was noted to be morbidly obese. The diagnoses have included obesity. Documentation stated that weight loss would be the best thing for her condition; it would alleviate pressure on both of her knees as well as her low back. The provider requested 6 months of [REDACTED].

IMR ISSUES, DECISIONS AND RATIONALES

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

6 months of [REDACTED]: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee and Leg (Acute & Chronic) (updated 5/05/2015) MD Guidelines (August 1991-2014). "Obesity, treatment". Reed Group. Retrieved 2014-01-16. Available at <https://www.mdguidelines.com/obesity/treatment>.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 45.

Decision rationale: The request is for 6 months participation in [REDACTED] program due to the patient's morbid obesity and the stress on her knees. Review of the records; however, do not provide a weight or BMI at any of her visits. She is only described as "morbidly obese." Therefore, there are no objective measures to establish this diagnosis. The necessity for a formal weight loss program is not supported in this clinical setting. The records do not reveal any trial and failure of a self-directed exercise and dietary restriction program in an attempt to lose weight. There is no documentation of previous attempts to lose weight. It is also unclear as to what degree of medical supervision is provided in the requested program. This is not medically necessary.