

Case Number:	CM15-0148346		
Date Assigned:	08/11/2015	Date of Injury:	09/03/2014
Decision Date:	09/11/2015	UR Denial Date:	07/21/2015
Priority:	Standard	Application Received:	07/30/2015

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, California
 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 is a 68 year old female patient who sustained an industrial injury to the right knee on 9-3-14. The current diagnoses included posttraumatic degenerative arthritis right knee and medial meniscus root avulsion tear. In a progress note dated 7-8-15, she had complaints of increasing right knee pain. She reported that she was unable to perform her usual work duties due to pain. Physical exam revealed an antalgic limp onto the right leg and decreased right knee range of motion with crepitus in the patellofemoral and medial compartments, stable ligaments to stress; body mass index 39. The medications list includes gabapentin, celebrex, voltaren, prevacid and voltaren gel. The physician stated that she would eventually need total knee arthroplasty but needed to lose weight to bring her body mass index down to below 35. The patient stated that attempts to lose weight independently were not successful in the past. She has had right knee MRI dated 5/26/2015 which revealed myxoid degeneration and radial type tear of the posterior root attachment of the medial meniscus and articular cartilage damage with a high degree of chondral thinning of the medial compartment and marginal osteophyte formation in the medial compartment. She has undergone right knee arthroscopy on 10-30-14; right knee arthroscopy in 2002, right total shoulder arthroplasty in 2004 and left knee arthroscopy in 2006. She has had physical therapy, aqua therapy and medications. The treatment plan included referral for a 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 cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Knee & Leg (updated 07/10/15) Gym memberships and Other Medical Treatment Guidelines American Family Physician. 2006 Jun 1;73(11):2074-2077.-Practice Guideline- Joint Position Statement on Obesity in Older Adults.

Decision rationale: ACOEM/CA MTUS do not specifically address weight loss program. Per the cited guidelines "With unsupervised programs there is no information flow back to the provider, so he or she can make changes in the prescription, and there may be risk of further injury to the patient. Gym memberships, health clubs, swimming pools, athletic clubs, etc., would not generally be considered medical treatment." Treatments for obesity either decrease energy intake or increase energy expenditure. Those that decrease energy intake have a greater potential for causing weight loss than those that increase energy expenditure through exercise. Per the Practice Guidelines- Joint Position Statement on Obesity in Older Adults- "When beginning weight-loss therapy for older patients, all appropriate information should first be collected (i.e., medical history, physical examination, laboratory tests, medication assessment, and evaluation of the patient's inclination to lose weight). Physicians should assist their patients in making lifestyle and behavioral changes by setting goals, supervising progress, and motivating patients." The records provided do not provide detailed information about patient's dietary history. The details of the response to any prior attempts of weight loss treatments are not specified in the records provided. Any possible psychiatric co morbidities like depression or bulimia that may be contributing to the patient's weight gain are not specified in the records provided. A weight loss program is not fully established for this patient at this time.