

Case Number:	CM15-0183038		
Date Assigned:	09/23/2015	Date of Injury:	08/30/2012
Decision Date:	10/28/2015	UR Denial Date:	09/08/2015
Priority:	Standard	Application Received:	09/17/2015

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 46 year old male, who sustained an industrial injury on 8-30-2012. Several documents included in the submitted medical records are difficult to decipher. The injured worker was being treated for a right knee sprain. On 8-17-2015, the injured worker reported ongoing right knee pain with popping, clicking, and giving way. He reports pain and difficulty with stair climbing and squatting. The physical exam (8-17-2015) revealed medial joint line and peripatellar tenderness diffuse swelling, and positive crepitus. Per the treating physician (6-1-2015 report), the injured worker had been trying to lose weight and had already lost 30 pounds, but weight loss was more difficult due to his knee symptoms. Per the treating physician (2-23-2015 report), an MRI of the right knee from 10-5-2012 revealed grade 2 signal to the posterior horn of the medial meniscus and ganglion cyst in the lateral compartment of the right knee. Per the treating physician (7-31-2015 report), x-rays of the right knee from 6-1-2015 revealed slight patellofemoral osteoarthritis. Treatment has included at least 12 sessions of physical therapy, aquatic therapy, a knee brace, off work, work modifications, a home exercise program, a self-directed nutrition and exercise program, and medications muscle relaxant (Norflex) and non-steroidal anti-inflammatory (Naproxen). Per the treating physician (8-17-2015 report), the injured worker was to return to work without restrictions. On 8-17-2015, the requested treatments included weight loss program for 10 weeks. On 9-8-2015, the original utilization review non-certified a request for a weight loss program for 10 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

██████████ for 10 weeks: 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) Knee Chapter, Obesity, page 320.

Decision rationale: Although MTUS/ACOEM are silent on weight loss program, the ODG does state high BMI in obese patient with osteoarthritis does not hinder surgical intervention of TKA/ Total Knee Replacement if the patient is sufficiently fit to undergo the short-term rigors of surgery. There is no peer-reviewed, literature-based evidence that a weight reduction program is superior to what can be conducted with a nutritionally sound diet and a home exercise program. There is, in fact, considerable evidence-based literature that the less dependent an individual is on external services, supplies, appliances, or equipment, the more likely they are to develop an internal locus of control and self-efficacy mechanisms resulting in more appropriate knowledge, attitudes, beliefs, and behaviors. The fewer symptoms are ceremonialized and the sick role is reinforced as some sort of currency for positive gain, the greater the quality of life is expected to be. In addition, while weight reduction may be desirable in this patient, there is no medical treatment for functional restoration process hindered as a result of the obesity. A search on the National Guideline Clearinghouse for "Weight Loss Program" produced no treatment guidelines that support or endorse a Weight Loss Program for any medical condition. While it may be logical for injured workers with disorders to lose weight, so that there is less stress on the body, there are no treatment guidelines that support a formal Weight Loss Program in a patient with chronic pain. The long-term effectiveness of weight loss programs, as far as maintained weight loss, is very suspect. There are many published studies that show that prevention of obesity is a much better strategy to decrease the adverse musculoskeletal effects of obesity because there are no specific weight loss programs that produce long-term maintained weight loss. Additionally, the patient's symptoms, clinical findings, and diagnoses remain unchanged for this injury without acute flare, new injury, or specific surgical treatment plan hindered by the patient's chronic obesity that would require a weight loss program. It does not appear the patient has had weight gain with obesity criteria met at initial injury date. The provider has not identified what program or any specifics of supervision or treatment planned. Other guidelines state that although obesity does not meet the definition of an industrial injury or occupational disease, a weight loss program may be an option for individuals who meet the criteria to undergo needed surgery; participate in formal physical rehabilitation program, not demonstrated here. The ██████████ for 10 weeks is not medically necessary and appropriate.