

Case Number:	CM15-0183099		
Date Assigned:	09/24/2015	Date of Injury:	11/22/2010
Decision Date:	11/09/2015	UR Denial Date:	09/03/2015
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: 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 58-year-old female, who sustained an industrial injury on 11-22-2010. She has reported subsequent bilateral knee pain and was diagnosed with history of right knee sprain and strain, status post right knee arthroscopic surgery, persistent right knee pain and possible compensatory pain in the left knee. The injured worker was noted to be off work. MRI of the right knee in June of 2013 was noted to show a tear of the lateral meniscus with a parameniscal cyst and thinning cartilage in the medial compartment. Treatment to date has included pain medication, Cortisone injection, Viscosupplementation and surgery. The injured worker was noted to initially get better after arthroscopic surgery of the right knee but then six months later, her symptoms worsened. In a progress note dated 08-20-2015, the injured worker reported diffuse right knee pain and that the injured worker had been putting more weight on her left knee that also caused pain in the left knee. Objective examination findings showed healed arthroscopic ports of the right knee, trace effusions in both knees, range of motion of 0-100 degrees and tenderness about her knees that was somewhat diffuse. The injured worker's weight was stated as 245 pounds. A 06-25-2015 progress note indicated that the injured worker's height was 5 feet. The physician noted that the injured worker would benefit from a weight loss program given her higher body mass index. A request for authorization of weight loss program was submitted. As per the 09-03-2015 utilization review, the request for weight loss program was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Weight loss program: Overturned

Claims Administrator guideline: Decision based on MTUS General Approaches 2004, Section(s): Cornerstones of Disability Prevention and Management.

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/Walking aids (canes, crutches, braces, orthoses, & walkers).

Decision rationale: ODG's knee chapter notes that weight loss decreases load in the limb to a certain extent and should be considered as a long-term strategy, especially for overweight individuals. In this case, the injured worker is noted to be morbidly obese and is followed for knee pain status post surgical intervention. The injured worker is also noted to have compensatory knee pain. Give that the injured worker is morbidly obese, the request for a weight loss program is supported to decrease pain and decrease load of the knee. The request for Weight loss program is medically necessary and appropriate.