

Case Number:	CM15-0185548		
Date Assigned:	09/25/2015	Date of Injury:	03/09/2014
Decision Date:	11/02/2015	UR Denial Date:	08/18/2015
Priority:	Standard	Application Received:	09/21/2015

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: New York, West Virginia, Pennsylvania
 Certification(s)/Specialty: Emergency 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 injured worker is a 46 year old male, who sustained an industrial injury on 3-9-2014. He reported injuries to bilateral knee and right ankle from a fall. Diagnoses include lumbar radiculopathy, right knee pain, and right ankle pain. Treatments to date include activity modification, eight chiropractic therapy sessions, twelve physical therapy sessions, five acupuncture sessions, and multiple steroid injections to the joints and epidural steroid injection. Currently, he complained of ongoing bilateral knee pain. On 6-29-15, the physical examination documented tenderness to the right knee with positive McMurray's signs and positive patellofemoral grind. The plan of care included a weight loss program and follow up in three months. Although there was no weight documented on that date, the documented from 5-1-15, documented the Body Mass Index (MBI) as 46.2 with a weight at 286 pounds and a height of 5 foot 6 inches. The appeal requested authorization for a weight loss program and a follow up in three months. The Utilization Review dated 8018015, denied this request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Weight loss program and a follow up in 3 months: Upheld

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

MTUS Citation

<http://www.ncbi.nlm.nih.gov/pubmed/15630109>http://www.aetna.com/cph/medical/data/1_99/0039.html.

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

Decision rationale: Guidelines state that to achieve functional recovery, patients need to assume certain responsibilities. In this case, there is no documentation as to why the patient cannot manage a weight loss program through her treating provider's office. The request for weight loss program and a follow up in 3 months is not medically necessary and appropriate.