

Case Number:	CM15-0185812		
Date Assigned:	09/28/2015	Date of Injury:	01/13/2005
Decision Date:	11/10/2015	UR Denial Date:	08/25/2015
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: 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 60 year old female patient who sustained an industrial injury on 1-13-05. The diagnoses include bilateral medial compartmental and patellofemoral compartment osteoarthritis- right greater than left and obesity. Per the primary treating physician's interim history and progress report dated 6-24-15, her condition has worsened, she has been experiencing increased pain in her knees. She has been self treating her pain with hot water bottles and braces for both knees and taking over the counter Tylenol. She had complaints of frequent pain in the right knee and recurrent pain in the left knee with episodes of buckling and giving way of the knees. The physical examination revealed 5 feet 2 inches tall and weighs 256 pounds with a (BMI) body mass index of 46.8; bilateral knees- varus alignment, tenderness along the medial joint lines, subpatella crepitus with range of motion and pain with deep flexion. The medications list includes over the counter Tylenol. She has had Xrays standing bilateral knees dated 6/24/2015 which revealed significant medial joint space narrowing with almost bone-on-bone contact in the right knee as well as patellofemoral joint space narrowing with osteophytes. It is noted that she will require a total knee replacement but requires significant weight loss prior to this. Her goal is to get down to a (BMI) body mass index of less than 35.0 for knee replacement and her goal weight would be 190 pounds or less. The treatment plan is for a supervised weight loss program, Celebrex, and a cane. Work status is that she may continue working with restrictions. On 8-25-15, the requested treatment of a supervised weight loss program was modified to certify a nutritional consultation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Supervised weight loss program: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.ncbi.nlm.nih.gov/pubmed/22624685>.

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: Supervised weight loss program, ACOEM/CA MTUS do not specifically address weight loss program. Per the cited guidelines, "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 Guideline- 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 of inclination to lose weight). Physicians should assist their patients in making lifestyle and behavioral changes by setting goals, supervising progress, and motivating patients." Per the records provided the requested treatment of a supervised weight loss program was modified to certify a nutritional consultation. Outcome to nutritional consultation is not specified in the records provided. The records provided do not provide detailed information about the 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. An evaluation for any medical conditions contributing to weight gain like hypothyroidism was not specified in the records provided. The medical necessity of a supervised weight loss program is not fully established for this patient at this time.