

Case Number:	CM15-0189383		
Date Assigned:	10/01/2015	Date of Injury:	03/01/2005
Decision Date:	11/16/2015	UR Denial Date:	08/28/2015
Priority:	Standard	Application Received:	09/25/2015

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, North Carolina
 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 55-year-old female, with a reported date of injury of 03-01-2005. The diagnoses include right knee internal derangement and right knee osteoarthritis. Treatments and evaluation to date have included Hydrocodone (helpful) and Ibuprofen (helpful). The diagnostic studies to date have not been included in the medical records provided. The progress report dated 04-14-2015 indicates that the injured worker complained of constant pain in her right knee, which was described as sharp, stabbing, and shooting. The injured worker rated her pain 10 out of 10. There was grinding, popping, pulling, and cracking sensations. The injured worker also complained of waking during the night due to pain and decreased muscle mass and strength. The objective findings include tenderness to palpation at the right knee; moderate tenderness to palpation at the medial peripatellar and lateral peripatellar on the right; positive Apley's grinding test, McMurray's test with interior rotation; and McMurray's test with exterior rotation on the right knee; pain with McMurray's test with internal and external rotation of the left knee; valgus deformity of the right knee; right knee flexion at 115 degrees; and right knee extension at -5 degrees. The injured worker's status was noted as permanent and stationary. The medical report from which the request originates was not included in the medical records provided for review. The treating physician requested a weight loss program. On 08-28-2015, Utilization Review (UR) non-certified the request 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 base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.cms.gov/medicare-coverage-database/details/ncd-details.aspx?>.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Library of Medicine: "Systematic review of major commercial weight loss programs in the US."

Decision rationale: CA MTUS and ODG do not address weight loss programs. Evidence to support the use of major commercial and self-help weight loss programs is suboptimal. The documentation submitted does not clearly discuss the patient's attempts at diet modification and a history of failure of reasonable weight loss measures. In addition, the request has been withdrawn since the patient has not yet been seen by her current physician and they cannot request the weight loss program. Therefore, the request is not medically necessary or appropriate.