MAXIMUS Federal Services

Case Number:	CM15-0192668		
Date Assigned:	10/06/2015	Date of Injury:	09/24/2004
Decision Date:	11/13/2015	UR Denial Date:	09/03/2015
Priority:	Standard	Application Received:	09/30/2015

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: 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 49 year old male, who sustained an industrial injury on 9-24-2004. The injured worker is undergoing treatment for right medial meniscus tear, right knee arthritis right degenerative arthritis. Medical records dated 4-17-2015 indicate the injured worker complains of knee pain. He reports, "both knees are feeling substantially better due to rest." He reports he is "off work since modifications not congenial with his job." Physical exam dated 4-17-2015 notes bilateral "small" effusion, tenderness to palpation, "good range of motion (ROM) and good stability." Treatment to date has included home exercise program (HEP), knee brace, rest and steroid injection. The original utilization review dated 9-3-2015 indicates the request for weight loss program #1 is 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 #1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Weight Management: Pharmacologic and surgical management of obesity in primary care: a clinical practice guideline from the American College of Physicians.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Aetna clinical policies states: Clinical Policy Bulletin: Weight Reduction Medications and Programs Number: 0039 Policy Note.

Decision rationale: The requested Weight loss program #1, is not medically necessary. The MTUS, Official Disability Guidelines (ODG) and American College of Occupational and Environmental Medicine (ACOEM) do not address weight loss programs. Aetna clinical policies states: "Clinical Policy Bulletin: Weight Reduction Medications and Programs Number: 0039 Policy Note: Many Aetna plan benefit descriptions specifically exclude services and supplies for or related to treatment of obesity or for diet and weight control. Under these plans, claims for weight reduction medications and for physician supervision of weight reduction programs will be denied based on that exclusion. Please check benefit plan descriptions for details. Aetna considers the following medically necessary treatment of obesity when criteria are met: Weight reduction medications are considered medically necessary for members who have failed to lose at least one pound per week after at least six months on a weight loss regimen that includes a low calorie diet, increased physical activity, and behavioral therapy, and who meet either of the following selection criteria below: 1. Member has a body mass index (BMI) greater than or equal to 30 kg/m; or 2. Member has a BMI greater than or equal to 27 kg/m with any of the following obesity-related risk factors considered serious enough to warrant pharmacotherapy:
1. Hypertension (systolic blood pressure higher than 140 mm Hg or diastolic blood pressure higher than 90 mm Hg on more than one occasion). 2. Dyslipidemia: 1. LDL cholesterol greater than or equal to 160 mg/dL, or 2. HDL cholesterol less than 35 mg/dL, or 3. Triglycerides greater than or equal to 400 mg/dL 3. Coronary heart disease. 4. Type 2 diabetes mellitus.
5. Obstructive sleep apnea." The injured worker has knee pain. He reports, "both knees are feeling substantially better due to rest." He reports he is "off work since modifications not congenial with his job." Physical exam dated 4-17-2015 notes bilateral "small" effusion, tenderness to palpation, "good range of motion (ROM) and good stability." The treating physician has not documented the above- referenced criteria. The criteria noted above not having been met, Weight loss program #1 is not medically necessary.