

Case Number:	CM15-0193912		
Date Assigned:	10/14/2015	Date of Injury:	12/15/2012
Decision Date:	12/02/2015	UR Denial Date:	09/14/2015
Priority:	Standard	Application Received:	10/05/2015

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: Physical Medicine & Rehabilitation

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 44 year old female, who sustained an industrial injury on 12-15-2012. The injured worker was being treated for bilateral knee internal derangement. Treatment to date has included diagnostics, physical therapy, prior approval for 10 week supervised weight loss program (per referenced 12-03-2014 report, in the Agreed Medical Examination dated 5-04-2015), and medications. On 7-22-2015, the injured worker complains of constant bilateral knee pain, associated with popping and giving way weakness. Her work status was modified. Physical exam noted a "morbidly obese female", height documented at 5 feet 2.5 inches, weight not documented. The treating physician documented that she was in need of weight loss in order to have the appropriate treatment for her knees. Results of previous attempts at weight loss were not specified and current body mass index was not documented. The treatment plan included a 10 week supervised weight loss program, non-certified by Utilization Review on 9-14-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

10-week 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 CMS 40.5-Treatment of Obesity.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.aetna.com/cpb/medical/data/1_99/0039.html.

Decision rationale: The patient presents with constant bilateral knee pain associated with popping and giving way weakness. The request is for 10-week supervised weight loss program. The request for authorization is not provided. Patient's diagnoses include right knee internal derangement; left knee internal derangement. Physical examination reveals the patient is morbidly obese. Examination of the knees reveal tenderness to palpation over the medial and lateral joint line, bilaterally. McMurray with internal and external rotation, patellar grind, and crepitus with range of motion are all positive, bilaterally. Range of motion of the knees are decreased. She was treated with physical therapy without relief, had a cortisone injection with some relief, and was provided medications. Per progress report dated 07/22/15, the patient to continue modified work. MTUS, ODG, and ACOEM are silent regarding the request for weight loss program. Therefore, AETNA website

http://www.aetna.com/cpb/medical/data/1_99/0039.html was referenced: AETNA guidelines are used which considers weight reduction medically necessary and states "considered medically necessary for weight reduction counseling in adults who are obese (as defined by BMI 30 kg/m²**)." AETNA allows for medically supervised programs only and not other programs such as exercise programs or use of exercise equipment, [REDACTED] or other special diet supplements (e.g., amino acid supplements, [REDACTED] liquid protein meals, [REDACTED] pre-packaged foods, or phytotherapy), [REDACTED], [REDACTED], [REDACTED], [REDACTED], or similar programs. Per progress report dated 07/22/15, treater's reason for the request is "in need of weight loss in order for her to have the appropriate treatment for her knees. At this point in time, her morbid obesity in her age is contraindications to her undergoing total knee arthroplasty at this time and I do believe cortisone and viscosupplementation injections would be a good alternative. Once she has lost adequate weight, then we may consider surgery in the form of arthroscopic debridement and eventually the need for total knee arthroplasty." Physician-monitored programs are supported for those with BMI greater than 30, however, the treater does not discuss or document the patient's BMI. Additionally, review of provided progress reports does not define the weight loss goals, nor do they reveal any steps taken by the patient to achieve those goals. Furthermore, there is no mention of trialed and failed caloric restrictions with increased physical activity. Therefore, this request IS NOT medically necessary.