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| Case Number: | CM15-0200647 | | |
| Date Assigned: | 10/15/2015 | Date of Injury: | 05/17/2000 |
| Decision Date: | 11/24/2015 | UR Denial Date: | 10/01/2015 |
| Priority: | Standard | Application Received: | 10/13/2015 |

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 67 year old female who sustained an industrial injury on 05-17-2000. A review of the medical records indicated that the injured worker is undergoing treatment for bilateral knee pain. The injured worker is status post right total knee arthroplasty in 2007 and complex revision of left total knee arthroplasty in 2009. According to the treating physician's progress report on 08-12-2015, the injured worker continues to experience bilateral knee pain, left knee worse than right knee, with intermittent swelling. The injured worker reported able to walk for 3 minutes indoors. Bilateral range of motion was noted as flexion at 120 degrees and 0 degrees extension. The left knee had mild to moderate effusion, laxity and increased warmth. The injured worker ambulates with a slight limp and utilizes a walker for support. Prior treatments have included diagnostic testing, surgery, physical therapy, transcutaneous electrical nerve stimulation (TENS) unit and medications. There was no discussion in the review as to previous attempts of weight loss. The injured worker's weight, height and body mass index was not addressed in the medical review. Current medications were listed as Diclofenac and Aspirin. Treatment plan consists of left knee Technetium bone scan, left knee hinged brace, Ultram, water physical therapy, orthopedic shoes and the current request for a weight loss program. On 10-01- 2015 the Utilization Review determined the request for weight loss program was not medically necessary.

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 cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (1) Tsai AG, Wadden TA. Systematic review: An evaluation of major commercial weight loss programs in the United States. *Ann Intern Med.* 2005; 142 (2) Wadden TA, Berkowitz RI, Womble LG, et al. Randomized trial of lifestyle modification and pharmacotherapy for obesity. *N Engl J Med.* 2005; 353 (20): 2111-2120.

Decision rationale: The claimant has a remote history of a work injury occurring in May 2000 and continues to be treated for bilateral knee pain. She underwent a left total knee replacement in May 2002 requiring a complex revision in January 2009. She has a history of a right total knee replacement done in September 2007. When seen, she was using a walker and a hinged knee brace. She had it worsening bilateral knee pain and was now having right hip pain. She was limping. Physical examination findings included decreased knee range of motion with a joint effusion and increased warmth. Ibuprofen had been discontinued due to welts over the left knee and diclofenac had been prescribed. She was starting to have the same reaction. Recommendations included additional testing and water exercise. Ultram was prescribed. Authorization for a weight loss program is being requested. Controlled trials are needed to determine the amount of weight lost and health benefit associated with weight loss programs. In this case, there is no evidence that the claimant has failed a non supervised weight loss program including a low calorie diet and increased physical activity, which might include progression to an independent pool program if water based therapy is effective. The request for a weight loss program is not medically necessary.