

Case Number:	CM15-0201772		
Date Assigned:	10/16/2015	Date of Injury:	06/07/2010
Decision Date:	12/01/2015	UR Denial Date:	10/05/2015
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: California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 54 year old female, who sustained an industrial injury on 6-7-10. The injured worker is being treated for arthritis of left knee, abnormal BMI, patellofemoral arthralgia of left knee and left knee pain. On 7-18-15 and 9-22-15, the injured worker reports she needs weight reduction reworded to help get authorization. (Weight reduction is required prior to knee replacement.) She is currently working. On 7-18-15 and 9-22-15 physical exam revealed antalgic gait, tenderness to palpation of peri-patellar, central and joint line medially laterally and anterior, mild effusion, diffuse degenerative changes and crepitus is noted in peri-patellar, centrally and restricted range of motion is noted. Treatment to date has included oral medications including Naprosyn, Norco and Gabapentin, physical therapy, multiple knee surgeries, weight loss and activity modifications. The treatment plan included continuation of weight reduction, avoidance of narcotic medications and supportive care for left knee with possible use of cane. On 10-5-15 request for evaluation for weight loss was non-certified by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Evaluation for weight loss: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Guideline Clearinghouse.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation The Practical Guide: Identification, Evaluation, and Treatment of Overweight and Obesity in Adults, NIH Publication No. 00-4084, October 2000.

Decision rationale: The MTUS Guidelines does not address weight loss programs as medically necessary treatment. The cited guidelines do not address any specific weight loss program such as [REDACTED]. Although interventions for weight loss may be indicated, and are supported by the cited guidelines, there is no indication that any consumer based weight loss program would be more beneficial than a program designed by the treating physician, or by a primary care provider. The cited guidelines provide the essential elements for primary care providers to direct patients to healthy weight loss. Therefore, the request for 1 evaluation for weight loss is not medically necessary.