

Case Number:	CM15-0202197		
Date Assigned:	10/19/2015	Date of Injury:	03/22/2010
Decision Date:	12/03/2015	UR Denial Date:	09/09/2015
Priority:	Standard	Application Received:	10/14/2015

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: Texas, New York, 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 applicant is a represented 54-year-old who has filed a claim for chronic knee pain reportedly associated with an industrial injury of March 22, 2010. In a Utilization Review report dated September 9, 2015, the claims administrator failed to approve a request for a [REDACTED] weight loss program. The claims administrator referenced an RFA form received on August 28, 2015 and an associated progress note dated August 26, 2015 in its determination. The applicant's attorney subsequently appealed. On October 14, 2015, the applicant was placed off of work, on total temporary disability. Ongoing complaints of knee pain were noted, 6-7/10. The attending provider stated that the applicant had previously attended [REDACTED] weight loss program, had lost 15 pounds with the same, and had subsequently gained 4 pounds. The applicant reported weighed 258 pounds, the treating provider stated on this date. The applicant's height was not reported, although the treating provider stated toward the bottom of the note that the applicant's BMI was 48. The attending provider stated that the applicant would be unable to pursue a total knee arthroplasty until the applicant's weight was down to 185 pounds. Naproxen was renewed while the applicant was seemingly kept off of work. On August 23, 2015, the applicant was again placed off of work, on total temporary disability. The attending provider suggested that the applicant continue the previously performed [REDACTED] weight loss program. The attending provider stated that the applicant had had 10 weeks of the same and lost 13-15 pounds. The attending provider did not state how much further treatment he intended via the weight loss program in question.

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 Pharmacological and surgical management of obesity in primary care: a clinical practice guideline from the American College of Physicians.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Prevention, and Chronic Pain Medical Treatment 2009, Section(s): Introduction. Decision based on Non-MTUS Citation <http://emedicine.medscape.com/article/123702-treatmentObesity> Treatment & Management Author: Osama Hamdy, MD, PhD; Chief Editor: Romesh Khardori, MD, PhD, FACP Scientific evidence indicates that multidisciplinary programs reliably produce and sustain modest weight loss between 5% and 10% for the long-term.

Decision rationale: No, the request for a ■■■■■ weight loss program was not medically necessary, medically appropriate, or indicated here. The MTUS Guideline in ACOEM Chapter 1, page 11 states that strategies based on modification of applicant-specific factors such as the weight loss program at issue are less certain, more difficult, possibly less cost effective. Here, the attending provider failed to furnish a clear or compelling rationale for pursuit of a weight loss program in the face of the tepid-to-unfavorable ACOEM position on the same. Page 8 of the MTUS Chronic Pain Medical Treatment Guidelines also stipulates that there must be demonstration of functional improvement at various milestones in the treatment program in order to justify continued treatment. The attending provider reported on October 14, 2015 that the applicant had previously lost 15 pounds through the ■■■■■ weight loss program but had then went on to gain 4 additional pounds following cessation of the same. It appeared, thus, that the applicant had plateaued in terms of the weight loss possible through the ■■■■■ weight loss program in question, particularly in light of the fact that Medscape's Obesity Treatment and Management article notes that multidisciplinary programs can reliably produce and sustain modest weight loss between 5% to 10% for the long-term. Here, thus, the attending provider's report of August 26, 2015 to the effect that the applicant needed to lose an additional 64 pounds through the ■■■■■ weight loss program was not seemingly reasonable and was seemingly at odds with Medscape's position that weight loss programs can reliably produce and/or sustain modest weight loss between 5% to 10%. Therefore, the request is not medically necessary.