

<b>Case Number:</b>	CM15-0020372		
<b>Date Assigned:</b>	02/09/2015	<b>Date of Injury:</b>	10/16/2010
<b>Decision Date:</b>	04/03/2015	<b>UR Denial Date:</b>	01/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/03/2015

### 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, Arizona

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 61-year-old female who reported an injury on 10/16/2010. The mechanism of injury was unspecified. Her diagnoses include localized osteoarthritis not specified primary/secondary in the lower leg, derangement of the anterior horn of the medial meniscus, status post left knee arthroscopy, and osteoarthritis of the medial compartment of the left knee. Her past treatments include surgery, medications, and modified work duty. On 12/18/2014, the injured worker complained of constant moderate left knee pain with swelling and giving way. The physical examination of the left knee revealed range of motion 0 to 130 degrees. Tenderness to palpation at the moderate medial and lateral joint line. Slight parapatellar tendonitis along with +1 laxity to valgus stress test along with no instability to the varus stress, negative Lachman's, negative anterior drawer test. The injured worker had a positive McMurray's and positive patella crunch test. The documentation also indicated the injured worker was unable to tolerate anti-inflammatory medications due to GI distress, was unable to walk any more than 1 or 2 blocks secondary to pain, and utilizes a cane. The treatment included a weight loss program. A rationale was not provided. A Request for Authorization form was not submitted.

### 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 Medical Disability Advisor by Presley Reed, MD-Obesity.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Diabetes, Lifestyle (diet & exercise) modifications.

**Decision rationale:** The request for Weight Loss Program is not medically necessary. The Official Disability Guidelines recommend Lifestyle (diet & exercise) modifications to reduce obesity. The guidelines also state, an adequate protein intake, heart healthy diet use, weight management, and sufficient physical activity must be individualized for a reduction of obesity and an active lifestyle can have major benefits. The injured worker was indicated to have osteoarthritis of the medial compartment of the left knee. However, there was lack of documentation indicating the injured worker has made lifestyle changes to include an adequate protein intake, heart healthy diet, sufficient physical activity, and indication to implicate weight management as part of a lifestyle change. There was also lack of documentation the injured worker had completed a physical therapy or occupational therapy program. In addition, there was lack of documentation in regard to an implementation of a home exercise program. Based on the above, the request is not supported by the evidence based guidelines. As such, the request is not medically necessary.