

Case Number:	CM15-0023187		
Date Assigned:	02/12/2015	Date of Injury:	08/28/2007
Decision Date:	03/25/2015	UR Denial Date:	02/05/2015
Priority:	Standard	Application Received:	02/06/2015

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: Hawaii, 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 61 year old female, who sustained an industrial injury on 8/27/2007. The mechanism of injury was not included for review. Diagnoses include status post bilateral knee arthroscopy with left total knee replacement, lumbar 4 radiculopathy, bilateral wrist sprain, medial and lateral epicondylitis and left knee degenerative osteoarthritis. Treatments to date include 38 physical therapy sessions, 48 post-operative physical therapy sessions, crutches, home exercises, continuous passive motion machine, surgery and medication management. A progress note from the treating provider dated 7/9/2014 and 9/2/2014 indicates the injured worker reported bilateral elbow pain, low back pain, bilateral knee pain and left ankle pain. On 2/5/2015, Utilization Review non-certified the request for a weight loss program, citing non-MTUS, ACOEM and Official Disability Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Weight Loss Program per 09/02/14 Order QTY: 1.00: 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 (Rev. 54, Issued: 04-28-06, Effective: 02-21-06, Implementation: 05-30-06 Carrier/10-02-06 FI)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation UptoDate.com, Obesity in adults: Overview of management

Decision rationale: MTUS is silent specifically regarding medical weight loss programs. Uptodate states, "Overweight is defined as a BMI of 25 to 29.9 kg/m²; obesity is defined as a BMI of ~30 kg/m². Severe obesity is defined as a BMI ~40 kg/m² (or ~35 kg/m² in the presence of comorbidities)." Additionally, "Assessment of an individual's overall risk status includes determining the degree of overweight (body mass index [BMI]), the presence of abdominal obesity (waist circumference), and the presence of cardiovascular risk factors (e.g., hypertension, diabetes, dyslipidemia) or comorbidities (e.g., sleep apnea, nonalcoholic fatty liver disease). The relationship between BMI and risk allows identification of patients to target for weight loss intervention (algorithm 1). There are few data to support specific targets, and the approach described below is based upon clinical experience." "All patients who would benefit from weight loss should receive counseling on diet, exercise, and goals for weight loss. For individuals with a BMI ~30 kg/m² or a BMI of 27 to 29.9 kg/m² with comorbidities, who have failed to achieve weight loss goals through diet and exercise alone, we suggest pharmacologic therapy be added to lifestyle intervention. For patients with BMI ~40 kg/m² who have failed diet, exercise, and drug therapy, we suggest bariatric surgery. Individuals with BMI >35 kg/m² with obesity-related comorbidities (hypertension, impaired glucose tolerance, diabetes mellitus, dyslipidemia, sleep apnea) who have failed diet, exercise, and drug therapy are also potential surgical candidates, assuming that the anticipated benefits outweigh the costs, risks, and side effects of the procedure." The treating physician explains that weight loss is recommended to undergoing surgery. The patient has a calculated BMI of 46, which would be considered severely obese. The treating physician does not detail what weight loss (diet, exercise, and counseling) has been undertaken prior. Treatment records also lack details of current dietary, exercise, and activity regimen. Given the lack of documentation regarding the current state of the patient's obesity, this request is not appropriate at this time. As such, the request for Weight Loss Program per 09/02/14 Order QTY: 1.00 is not medically necessary.