

Case Number:	CM15-0023987		
Date Assigned:	02/13/2015	Date of Injury:	12/20/2012
Decision Date:	03/31/2015	UR Denial Date:	01/12/2015
Priority:	Standard	Application Received:	02/09/2015

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, Ohio, 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 [REDACTED] beneficiary who has filed a claim for chronic knee pain reportedly associated with an industrial injury of December 20, 2012. In a utilization review report dated January 12, 2015, the claims administrator partially approved a request for [REDACTED] Weight Loss Program for six months as a two-month trial of the same. The claims administrator referenced a January 5, 2015 RFA form in its determination. The applicant's attorney subsequently appealed. In a December 23, 2014 progress note, the applicant reported ongoing complaints of bilateral knee pain. Trace effusion was appreciated bilaterally. The applicant had ongoing issues with bilateral knee arthritis. A weight loss program was proposed. The applicant had reportedly lost 100 pounds through a weight loss program in the past, it was suggested. The applicant's current height, weight, and BMI were not, however, reported. The applicant was placed off work, on total temporary disability, for six to eight weeks. In an earlier note dated August 26, 2014, the applicant was again placed off work, on total temporary disability for six weeks. Once again, the applicant's height, weight, and BMI were not furnished.

IMR ISSUES, DECISIONS AND RATIONALES

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

[REDACTED] **Weight Loss Program x 6 months:** Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 1 Prevention Page(s): 11.

Decision rationale: 1.No, the proposed weight loss program was not medically necessary, medically appropriate, or indicated here.As noted in the MTUS Guideline in ACOEM Chapter 1, page 11, strategies based on modification of applicant-specific risk factors such as the weight loss program at issue may be "less certain, more difficult, possibly less cost effective." Here, the attending provider did not furnish any clear or compelling applicant-specific rationale or medical evidence which would offset the unfavorable ACOEM position on the article at issue. The December 23, 2014 progress note on which the weight loss program was proposed did not include any mention of the applicant's height, weight, or BMI, it was further noted. Therefore, the request was not medically necessary.