

Case Number:	CM15-0025002		
Date Assigned:	02/17/2015	Date of Injury:	09/25/2012
Decision Date:	03/27/2015	UR Denial Date:	01/14/2015
Priority:	Standard	Application Received:	02/10/2015

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: Ohio, North Carolina, Virginia
Certification(s)/Specialty: Family Practice

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 59 year old male who sustained an industrial injury on 09/25/2012. Diagnoses include chondromalacia of patella, obesity, osteoarthritis, and degenerative joint disease of the right knee. Treatment to date has included medications, and injections. A physician progress note dated 12/22/2014 documents the injured worker's right knee is progressively worse over the past several months. His right knee pain is moderate, and getting up from a sitting position is difficult. He is tender along the medial joint line, and the equivocal McMurray's test is positive. Range of motion is 0-125 degrees. The x rays of the right knee done with this visit show degenerative changes to the right knee. Treatment requested is for weight loss program. Weight or height is not documented. On 01/14/2015 Utilization Review non-certified the request for a weight loss program. CA MTUS and Official Disability Guidelines are silent on this specific issue.

IMR ISSUES, DECISIONS AND RATIONALES

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

Weight loss program: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Weight change and change in tibial cartilage volume and symptoms in obese adults, Ann Rheum Dis doi:10.1136/annrheumdis-2013-204488 , Official Disability Guidelines. Knee and Leg Chapter. Exercise section.

Decision rationale: The ODG and CA MTUS are silent on referral to weight loss programs. A recent study from the the Annals of Rheumatic Disease revealed that the linearity of effect implies that weight loss is associated with reduced medial cartilage volume loss and improved knee symptoms, while weight gain is associated with increased medial cartilage volume loss and worse knee symptoms. These results suggest that in obese people, small amounts of weight change may have the potential for a disease modifying effect on both knee joint structure and symptoms. While weight loss is an important primary management strategy in obese individuals, avoidance of further weight gain should also be a clinical goal. Per the Official Disability Guidelines, high BMI and intensive physical activity at work both contribute strongly to the risk of having a knee replacement. Comparing the highest versus the lowest quarter of BMI, the relative risk was 6.2 in men and 11.1 in women. Men reporting intensive physical activity at work had a relative risk of 2.4 versus men reporting sedentary activity at work, the corresponding figure in women being 2.3. The effect of BMI and physical activity at work was additive. In this instance, while the injured worker's morbid obesity (weight █#) does not clearly have industrial causation, its presence is clearly contributing to the worsening of the osteoarthritis and accelerating the knee for total knee replacement. The California court system has set precedent for awarding treatment of co-morbid, non-industrial disease conditions to alleviate industrial injuries i.e. gastric bypass surgery. An unsupervised exercise program is not likely a wise choice in this instance as the injured worker recently had open heart valve replacement. Simple, unsupervised, caloric restriction is unlikely to result in any meaningful weight loss. Therefore, a weight loss program is medically necessary.