

Case Number:	CM15-0220750		
Date Assigned:	11/13/2015	Date of Injury:	11/13/2001
Decision Date:	12/23/2015	UR Denial Date:	10/09/2015
Priority:	Standard	Application Received:	11/09/2015

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: California, Indiana, New York
Certification(s)/Specialty: Internal 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 55 year old male, who sustained an industrial injury on 11-13-01. Medical records indicate that the injured worker is undergoing treatment for left knee osteoarthritis, internal derangement of the knee, failed right knee replacement, degeneration of the intervertebral disc of the lumbar region, chronic pain, obstructive sleep apnea, gastroesophageal reflux disease, diabetes mellitus and obesity. The injured workers work status was not identified. On (9-16-15), the injured worker reported not feeling well. The injured worker noted a lot of pain and was depressed due to the pain. The injured worker also noted getting obstructive sleep apnea from his weight gain. A diet was discussed. Objective findings revealed the injured worker to be alert with stable vital signs. The injured worker was also noted to be obese. Treatment and evaluation to date has included medications, urine drug screen, injections and multiple right knee surgeries. Current medications include Metformin and a new prescription for victoza. The current treatment request is for a weight loss program. The Utilization Review documentation dated 10-9-15 modified the request to a weight loss program trial for 6 weeks only (original request a weight loss program).

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 Official Disability Guidelines (ODG), Indications for surgery - Knee arthroplasty, Ann Intern Med. 2005 Jan 4; 142(1):56-66. Systematic review: an evaluation of major commercial weight loss programs in the United States.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://emedicine.medscape.com/article/123702-treatment>.

Decision rationale: Pursuant to Medline plus (see attached link), weight loss program is not medically necessary. Treatment of obesity starts with comprehensive lifestyle management (i.e. diet, physical activity, behavioral modification) which should include the following: self-monitoring of caloric intake and physical activity; goal setting; stimulus control; nonfood rewards; and relapse prevention. See attached link for details. In this case, the injured worker's working diagnoses are left knee osteoarthritis, internal derangement of the knee, failed right knee replacement, degeneration of the intervertebral disc of the lumbar region, chronic pain, obstructive sleep apnea, gastroesophageal reflux disease, diabetes mellitus and obesity. Date of injury is November 13, 2001. Request for authorization is October 8, 2015. There are two progress notes by the requesting provider dated May 13, 2015 and June 11, 2015. According to the June 11, 2015 progress note, subjective complaints state the injured worker presents for a left knee Synvisc injection. The injured worker was approved for left total knee arthroplasty, but the injured worker wants the right knee first. There are no heights, weights or BMIs in the medical record. According to the utilization review, the injured worker underwent multiple knee surgeries, total knee arthroplasty, right manipulation under anesthesia and a most recent total knee arthroplasty June 16, 2015. The injured worker subscribed to the [REDACTED] weight loss program with a failure to lose weight. There is no time duration on the weight loss program request. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines, no height weight or BMI, unsuccessful weight loss while subscribing to [REDACTED] in the past and no office-based attempts at weight loss in the medical record, weight loss program is not medically necessary.