

Case Number:	CM15-0221765		
Date Assigned:	11/17/2015	Date of Injury:	05/14/2009
Decision Date:	12/30/2015	UR Denial Date:	10/19/2015
Priority:	Standard	Application Received:	11/11/2015

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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

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 45 year old male injured worker suffered an industrial injury on 5-14-2009. The diagnoses included lumbar spine, compensatory, and right knee chondromalacia of the patella and chronic lesion of the lateral femoral condyle and lateralization of the tibial tubercle. On 8-31-2015 the provider reported the right knee was not doing well as it had been giving way resulting in several falls. The provider noted the injured worker was now over 300 pounds, gaining 70 pounds since injury. On exam there was cracking and crepitation, joint pain and tenderness. There was pain with patellofemoral compression. There was difficulty kneeling and standing. The lumbar spine had residual tenderness and tightness. On 10-12-2015 the provider reported the right knee was cracking and had crepitation, joint line discomfort, difficulty kneeling and squatting and was now walking with a limp. Prior treatments included right knee arthroscopy. Diagnostics included right knee MRI 8-20-2015. Request for Authorization date was 10-9-2015 Utilization Review on 10-19-2015 determined non-certification for [REDACTED] weight loss program (months) #3.

IMR ISSUES, DECISIONS AND RATIONALES

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

[REDACTED] weight loss program (months) #3: Upheld

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

MAXIMUS guideline: Decision based on MTUS Knee Complaints 2004, Section(s): Initial Care.

Decision rationale: This 45 year old male has complained of lower back pain and right knee pain since date of injury 5/14/2009. He has been treated with surgery, physical therapy and medications. The current request is for [REDACTED] weight loss program, 3 months. Per the MTUS guidelines cited above, [REDACTED] weight loss program is not a recommended treatment modality for chronic knee pain. On the basis of the available medical records and per the MTUS guidelines cited above, [REDACTED] weight loss program, 3 months is not medically necessary.