

Case Number:	CM15-0047842		
Date Assigned:	03/19/2015	Date of Injury:	02/26/2013
Decision Date:	04/24/2015	UR Denial Date:	03/02/2015
Priority:	Standard	Application Received:	03/13/2015

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: New Jersey, New York
 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 52 year old male who sustained an industrial injury on 02/26/13. The patient is status post right and left knee replacement, and diagnosed with left medial epicondylitis, bilateral hand strain, and wrist internal derangement. Treatments to date include left knee replacement, right knee surgery, and physical therapy. Diagnostic studies are not discussed. Current complaints include left elbow, hand, and wrist pain, right hand, and left knee pain. In a request for authorization attached to a progress note dated 02/10/15, the treating provider reports the plan of care as Norco, Soma, and Diclofenac. The requested treatment is 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 Medical Disability Advisor by Presley Reed, MD, Obesity.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation USPSTF Screening for and management of obesity in adults, Annals of Internal Medicine.

Decision rationale: The request for a weight loss program is not medically necessary. Weight loss will be essential to his recover as increased weight is contributing to his knee pain. However, the use of a weight loss program is not addressed in any guidelines found in MTUS or ODG. According to USPSTF, a weight loss program would aid the patient however, one program has not been shown to be more effective than others. The patient can also receive care through his primary care physician, dietician, and changing his diet and lifestyle. There is no documentation that patient has attempted to change his lifestyle with the aid of his physician or a dietician. His BMI is also not documented so it is unclear if he is obese. Therefore, the request is considered not medically necessary.