MAXIMUS Federal Services

Case Number:	CM15-0052867		
Date Assigned:	03/26/2015	Date of Injury:	06/04/2009
Decision Date:	05/05/2015	UR Denial Date:	02/27/2015
Priority:	Standard	Application Received:	03/20/2015

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, California
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 55 year old male/female, who sustained a work/industrial injury on 6/4/09. He has reported initial symptoms of back pain. The injured worker was diagnosed as having acute lumbar sprain/strain, lumbar disc disease, s/p right knee arthroscopy and meniscal repair, right knee mild osteoarthritis, left knee posterior horn medial meniscal tear, s/p left knee arthroscopy, bilateral knee posttraumatic mild osteoarthritis, and right ankle sprain/strain. Treatments to date included medication, psychological counseling, orthopedic specialist, and home exercises. Currently, the injured worker complains of lumbar spine, bilateral knee, bilateral hip, and right ankle pain. The treating physician's report (PR-2) from 2/16/15 indicated the injured worker was having continued lower back pain rated 8/10 with radiation into the bilateral lower extremities to the calf (R>L). There was also bilateral knee pain (R>L) graded 6-7/10 with note of left knee surgery helping. Examination of the lumbar spine revealed loss of range of motion, positive straight leg raise test. The left knee revealed minimal palpable tenderness over the left medial compartment. Height was five feet, five inches tall and weight was 138 lbs. The orthopedic evaluation of 1/29/15 discussed a fusion procedure option to address lumbar pain with explanation to lose weight before surgery. Treatment plan included a weight loss program. Patient had BMI 30.8. The medication list includes Aspirin and Ultram. Patient has received an unspecified number of PT visits for this injury. The patient's surgical history includes right knee arthroscopy.

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: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back (updated 04/15/15)Gym memberships and Other Medical Treatment Guidelines PubMed Pharmacologic and surgical management of obesity in primary care: a clinical practice guideline from the American College of Physicians. Snow V, Barry P, Fitterman N, Qaseem A, Weiss K, Clinical Efficacy Assessment Subcommittee of the American College of Physicians Ann Intern Med. 2005;142(7):525.

Decision rationale: Request: Weight loss program. ACOEM/CA MTUS and ODG do not specifically address weight loss program. Per the cited guidelines "Not recommended as a medical prescription unless a documented home exercise program with periodic assessment and revision has not been effective and there is a need for equipment. Plus, treatment needs to be monitored and administered by medical professionals. While an individual exercise program is of course recommended, more elaborate personal care where outcomes are not monitored by a health professional, such as gym memberships or advanced home exercise equipment, may not be covered under this guideline, although temporary transitional exercise programs may be appropriate for patients who need more supervision. With unsupervised programs there is no information flow back to the provider, so he or she can make changes in the prescription, and there may be risk of further injury to the patient. Gym memberships, health clubs, swimming pools, athletic clubs, etc., would not generally be considered medical treatment." Treatment for obesity involves either decrease energy intake or increase energy expenditure. Those that decrease energy intake have a greater potential for causing weight loss than those that increase energy expenditure through exercise. Per the Practice Guideline- Joint Position Statement on Obesity in Older Adults "When beginning weight-loss therapy for older patients, all appropriate information should first be collected (i.e., medical history, physical examination, laboratory tests, medication assessment, and evaluation of the patient's of inclination to lose weight). Physicians should assist their patients in making lifestyle and behavioral changes by setting goals, supervising progress, and motivating patients." The records provided do not provide detailed information about the patient's current body mass index and dietary history for this patient. The records provided do not specify if the patient has had a trial of weight loss measures including dietary modification and a daily exercise program. The response to any prior attempts of weight loss treatments are not specified in the records provided. Tests for medical conditions contributing to his inability to lose weight like hypothyroidism are not specified in the records provided. Any possible psychiatric co morbidities like depression or bulimia that may be contributing to the patient's weight gain are not specified in the records provided. The patient has received an unspecified number of PT visits for this injury. Detailed response to this conservative treatment was not specified in the records provided. Previous conservative therapy notes were not specified in the records provided. The medical necessity of the request for Weight loss program is not fully established in this patient. Therefore, the request is not medically necessary.