

<b>Case Number:</b>	CM15-0052894		
<b>Date Assigned:</b>	03/26/2015	<b>Date of Injury:</b>	10/11/2007
<b>Decision Date:</b>	05/05/2015	<b>UR Denial Date:</b>	02/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 67 year old female, who sustained an industrial injury on 10/11/07. She reported left shoulder pain and right knee pain. The medical records are handwritten and difficult to read. The injured worker was diagnosed as having left shoulder sprain/strain, cervical spine sprain/strain, and lumbar spine sprain/strain. Treatment to date has included 3 left knee Synvisc injections and home exercises. Currently, the injured worker complains of left shoulder pain and bilateral knee pain. The treating physician requested authorization for a weight loss program for 10 weeks and an x-ray of the right knee.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Weight loss program for ten (10) weeks QTY: 10.00:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Aetna, Clinical Policy Bulletin: "Weight Reduction Medications and Programs", Number: 0039.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical

Evidence: Systematic review: an evaluation of major commercial weight loss programs in the United States. (<http://www.ncbi.nlm.nih.gov/pubmed/15630109>).

**Decision rationale:** Regarding the request for a weight loss program, CA MTUS and ODG do not address the issue. A search of the National Library of identified an article entitled Systematic review: an evaluation of major commercial weight loss programs in the United States. This article noted that, with the exception of 1 trial of [REDACTED], the evidence to support the use of the major commercial and self-help weight loss programs is suboptimal, and controlled trials are needed to assess the efficacy and cost-effectiveness of these interventions. Within the documentation available for review, the documentation does not clearly describe the patient's attempts at diet modification and a history of failure of reasonable weight loss measures such as dietary counseling, behavior modification, caloric restriction, and exercise within the patient's physical abilities. More importantly, the morbid obesity is not clearly established as part of the industrial claim in the submitted documentation. The IMR process does not evaluate causation or determine apportionment. If the requesting provider feels the issue of morbid obesity is industrially related, then an AME can first determine causation. In light of the above issues, the currently requested weight loss program is not medically necessary.

**X-ray of the right knee QTY: 1.00:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341-343. Decision based on Non-MTUS Citation ODG Knee Chapter, x-rays.

**Decision rationale:** Regarding the request for x-ray of the right knee, ACOEM guidelines state that special studies are not needed to evaluate most knee complaints until after a period of conservative care and observation. They support the use of x-rays for joint diffusion within 24 hours of trauma, palpable tenderness over the fibular head or patella, inability to walk 4 steps or bear weight immediately within a week of trauma, and inability to flex the knee to 90. ODG contains criteria for x-ray of the knee in the presence of non-traumatic knee pain with patellofemoral pain or nonspecific pain. Within the documentation available for review, the issue of contention is that the claims administrator does not believe the knee is a cover body region as part of the original industrial claim. The IMR process does not evaluate causation or determine apportionment. If the requesting provider feels the issue of knee pain is industrially related, then an AME can first determine causation. In the absence of clarity regarding those issues, the currently requested repeat x-ray of the right knee is not medically necessary.