

Case Number:	CM15-0057150		
Date Assigned:	04/02/2015	Date of Injury:	12/14/2009
Decision Date:	05/01/2015	UR Denial Date:	03/09/2015
Priority:	Standard	Application Received:	03/25/2015

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: Arizona, 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 57 year old female, who sustained an industrial injury on 12/14/09. She has reported injury after a fall onto her right hand and knee after kicking and tripping over a crate. The diagnoses have included left shoulder effusion, right shoulder tear, right shoulder arthroscopy rotator cuff repair, right shoulder impingement syndrome, lumbar degenerative disc disease (DDD), lumbar sprain/strain, left knee osteoarthritis, and right knee degenerative arthritis. Treatment to date has included medications, conservative measures, bracing, diagnostics and Home Exercise Program (HEP). The Magnetic Resonance Imaging (MRI) of the left knee was performed on 11/4/14. Currently, as per the physician progress note dated 2/17/15, the injured worker complains of pain in the right shoulder radiating to right hand, limited movements with pain and difficulty reaching straight up. She complains of low back pain, decreased range of motion, pain radiates to right lower extremity, and trouble sleeping due to pain. She also complains of bilateral knee pain that radiates to the right ankle, decreased range of motion with swelling and pain in the right knee. Physical exam revealed weight of 229 pounds, height of 5 feet 7 inches. The exam of the right shoulder revealed tenderness with limited flexion. The lumbar spine exam revealed tenderness and hamstring tightness. The right knee exam revealed tenderness, effusion and crepitus with ambulation to the right. The left knee exam revealed tenderness, crepitus and effusion. The physician noted that she has bilateral degenerative disc disease (DDD) and will require bilateral knee surgery. However, he is not willing to perform the surgery at her current weight and BMI. He also noted that she continues to experience bilateral knee symptoms and as recommended by the orthopedic specialist, he is in

agreement with her need to reach an acceptable weight and BMI to proceed with possible surgery. The physician requested treatment includes Weight loss program for 3 months at [REDACTED] or [REDACTED].

IMR ISSUES, DECISIONS AND RATIONALES

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

Weight loss program for 3 months: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Washington State Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Guidelines for weight loss Agency for Healthcare Quality Research 2010 Feb. p.96 Obesity National Guidelines.

Decision rationale: According to the guidelines, the initial goal of weight loss therapy is to reduce body weight by approximately 10 percent from baseline. Weight loss at the rate of 1 to 2 lb/week (calorie deficit of 500 to 1,000 kcal/day) commonly occurs for up to 6 months. After 6 months, the rate of weight loss usually declines and weight plateaus because of a lesser energy expenditure at the lower weight. After 6 months of weight loss treatment, efforts to maintain weight loss should be put in place. If more weight loss is needed, another attempt at weight reduction can be made. This will require further adjustment of the diet and physical activity prescriptions. For patients unable to achieve significant weight reduction, prevention of further weight gain is an important goal; such patients may also need to participate in a weight management program. In this case, there is no indication of calorie reduction, or other behavioral interventions. There is no indication of failure or regaining of weight after prior attempts to lose weight. A weight goal was not defined for the claimant to be eligible for surgery. Therefore the request for a weight management program is not medically necessary.