

Case Number:	CM15-0085166		
Date Assigned:	05/07/2015	Date of Injury:	05/02/2014
Decision Date:	06/10/2015	UR Denial Date:	04/23/2015
Priority:	Standard	Application Received:	05/04/2015

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, Indiana, New York
Certification(s)/Specialty: Internal Medicine

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 (IW) is a 41-year-old male who sustained an industrial injury on 05/02/2014. Assessments include history of anterior cruciate ligament (ACL) tear, status post left knee ACL reconstruction and status post left knee diagnostic and operative arthroscopy with revision of ACL reconstruction, debridement, meniscectomy and bone grafting of the proximal tibial plateau. Treatments to date included physical therapy, NSAIDs, ice and home stretching and strengthening exercise program. According to the progress notes dated 4/16/15, the IW reported some achiness, stiffness and pain and occasional instability of the left knee, with his range of motion and strength returned to baseline. On exam, his left knee strength was 5/5 and there was positive patellofemoral crepitation, positive grind and tenderness to palpation along the medial joint line. A request was made for one [REDACTED] weight loss program as weight loss would be beneficial for the knees. The Injured Worker's height was 72 inches, weight 245 pounds and BMI 33 documented on 8/7/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

[REDACTED] weight loss program: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Snow V, Barry P, Fitterman N, Qaseem A,

Welss K. Pharmacologic and surgical management of obesity in primary care : a clinical practice guideline from the American college of physicians Ann Intern Med 2005 Apr 5, 142 (7), 525-31.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://emedicine.medscape.com/article/123702-treatment>.

Decision rationale: Pursuant to Medline plus (see attached link), [REDACTED] weight loss program is not medically necessary. Treatment of obesity starts with comprehensive lifestyle management (i.e. diet, physical activity, behavioral modification) which should include the following: self- monitoring of caloric intake and physical activity; goal setting; stimulus control; nonfood rewards; and relapse prevention. See attached link for details. In this case, the injured worker's working diagnoses are history of ACL tear status post left knee ACL reconstruction on April 27, 2012; and status post left knee diagnostic and operative arthroscopy with revision ACL reconstruction, debridement, meniscectomy and drafting of the proximal tibial plateau on October 31, 2014. According to a February 2, 2015 progress note, the height was 72 inches, weight 250 pounds and BMI 34. Documentation from an April 16, 2015 progress note does not contain a height or weight or BMI. Subjectively, the injured worker is progressing (with respect to the surgery on the left knee). Treatment of obesity starts with comprehensive lifestyle management (i.e. diet, physical activity, behavioral modification) which should include the following: self-monitoring of caloric intake and physical activity; goal setting; stimulus control; nonfood rewards; and relapse prevention. There is no documentation (of an attempt) on behalf of the injured worker to lose weight other than requesting a supervised weight loss program. Additionally, this is the third request for a supervised weight loss program. Consequently, absent clinical documentation with efforts to lose weight in a non-supervised home setting, [REDACTED] weight loss program is not medically necessary.