

<b>Case Number:</b>	CM15-0238687		
<b>Date Assigned:</b>	12/15/2015	<b>Date of Injury:</b>	09/30/2009
<b>Decision Date:</b>	01/22/2016	<b>UR Denial Date:</b>	11/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/07/2015

### 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:

This is a 46 year old male patient who sustained an industrial-work injury on 9-30-09. He sustained the injury while pulling a pallet jack. The diagnoses include resolved trochanteric bursitis of right hip, lumbar disc protrusion at L4-5, right chondromalacia patella now status post patella and trochlear microfracture, medial and patellofemoral compartment osteoarthritis of right knee, and status post left total knee replacement. Per the doctor's note dated 10-29-15, he had complains of intermittent moderate pain in the right knee and lower back, occasional minimal swelling and feeling of giving way and lower back pain is aggravated by repetitive bending and lifting. Physical exam revealed antalgic gait on the right side, left knee stable and slight tenderness, moderate to severe tenderness about the right knee over the medial joint line and under the medial sub-patella facet on the right, moderate crepitation, no instability, orthopedic testing negative, and normal range of motion. Per the AME notes dated 11/20/15, his weight was 239 lbs. The medications list includes Vicodin, Naproxyn, Prilosec, Zanaflex and topical cream-pain patches. He had lab tests on 10/19/15 including CBC, lipid panel, TSH. Treatment to date has included medication; right knee surgery in 6/2011, left knee surgery in 11/2011, left total knee replacement in 2014, physical therapy, acupuncture, knee braces, activity modification, Synvisc injections. Current plan of care includes reduction of weight of at least 60 pounds (unable to do on own) to prevent further deterioration to the right knee and future left total knee replacement. The Request for Authorization requested service to include [REDACTED] weight loss program. The Utilization Review on 11-10-15 denied the request for [REDACTED] 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 cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Knee & Leg (updated 12/29/15), Gym memberships and Other Medical Treatment Guidelines American Family Physician. 2006 Jun 1; 73(11): 2074-2077. Practice Guideline- Joint Position Statement on Obesity in Older Adults.

**Decision rationale:** ██████ weight loss program ACOEM/CA MTUS do not specifically address weight loss program. Per the cited guidelines "Gym memberships, health clubs, swimming pools, athletic clubs, etc., would not generally be considered medical treatment." Treatments for obesity 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 dietary history. The details of the response to any prior attempts of weight loss treatments are not specified in the records provided. 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 request of ██████ weight loss program is not medically necessary.