

<b>Case Number:</b>	CM14-0121865		
<b>Date Assigned:</b>	10/15/2014	<b>Date of Injury:</b>	02/19/2009
<b>Decision Date:</b>	11/18/2014	<b>UR Denial Date:</b>	07/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/01/2014

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is a 46 year old female with date of injury 2/19/09. The treating physician report dated 6/2/14 indicates that the patient presents with pain affecting the bilateral knees, feet and ankles following a career of repetitive motion and constant being on her feet from 1996 to 2009. The physical examination findings reveal a patient that is 4'11", 177 pounds with a BMI of 35.7. The patient has full range of motion of the knees, positive McMurrays bilaterally with tenderness of the knees. The current diagnoses are bilateral knee pain; chondromalacia patella; and bilateral feet plantar fasciitis. The utilization review report dated 7/21/14 denied the request for a supervised weight loss program based on lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Referral to supervised weight loss program:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg Chapter

**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: AETNA Guidelines on Weight loss program:  
([http://www.aetna.com/cpb/medical/data/1\\_99/0039.html](http://www.aetna.com/cpb/medical/data/1_99/0039.html))

**Decision rationale:** The patient presents with chronic bilateral knee, ankle and feet pain with obesity and a BMI of 35.7. The current request is for a supervised weight loss program. The treating physician report dated 6/2/14 states, "Requesting authorization for physical therapy x6 knees and feet and a medically supervised weight loss program. The patient's height is 4'11" and weight is 177 pounds." The treating physician report dated 11/30/09 states that the patient is 5'3" and weighs 107 pounds. The MTUS and Official Disability Guidelines do not address weight loss programs. The AETNA guidelines do show some support for clinical supervision of weight reduction programs for patients who are obese with BMI greater than 30. In this case the medical reports submitted indicate that the patient gained 70 pounds following her industrial injury. The AETNA guidelines state that up to a combined limit of 26 individual or group visits by any recognized provider per 12-month period are considered medically necessary for weight reduction counseling in adults who are obese (as defined by BMI greater than or equal to 30 kg/m<sup>2</sup>\*\*). The treating physician in this case has requested a medically supervised weight loss program for a patient that gained 70 pounds following cumulative trauma injury of the lower extremities. The BMI of 35.7 classifies the patient as obese and the AETNA guidelines support a medically supervised weight loss program. Therefore, this request is medically necessary.