MAXIMUS Federal Services

Case Number:	CM14-0126832		
Date Assigned:	08/13/2014	Date of Injury:	01/01/2008
Decision Date:	10/08/2014	UR Denial Date:	07/11/2014
Priority:	Standard	Application Received:	08/11/2014

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 Occupational Medicine 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 applicant is a represented [redacted] employee who has filed a claim for chronic knee and shoulder pain reportedly associated with an industrial injury of January 1, 2008.Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; unspecified amounts of physical therapy; reported diagnosis with advanced knee arthritis; psychological counseling; and viscosupplementation injections.In a Utilization Review Report dated July 11, 2014, the claims administrator denied a request for [redacted] weight-loss program x3 months, invoking non-MTUS Aetna Insurance Coverage Guidelines. The applicant reportedly weighed 330 pounds, the claims administrator suggested.The applicant's attorney subsequently appealed.In an August 22, 2013 progress note, the applicant presented with tricompartmental knee arthritis, reportedly advanced. The applicant was apparently off of work, on total temporary disability. The applicant was no longer working as a security officer, it was stated. Viscosupplementation injections and physical therapy were sought.On July 1, 2014, the applicant was placed off of work, on total temporary disability, through August 1, 2014. The applicant's reported knee degenerative joint disease was reportedly worse. Acupuncture, cognitive behavioral therapy, a trial of a weight-loss program, and pursuit of a left knee total knee arthroplasty surgery was recommended. 9/10 knee pain was noted. The applicant was diabetic. The applicant was using metformin, Zestril, Norco, Lyrica, and Flexeril, it was stated. The applicant weighed 306 pounds, it was further noted, and did exhibit an antalgic gait.

IMR ISSUES, DECISIONS AND RATIONALES

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

[redacted] **weight loss program x3 months:** Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation
http://www.aetma.com/cpb/medical/data/1_99/0039.html

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 1 Prevention Page(s): 11. Decision based on Non-MTUS Citation Aetna, Clinical Policy Bulletin on Weight Reduction Medications and Programs.

Decision rationale: The MTUS does not specifically address the topic of weight-loss programs but does acknowledge in ACOEM Chapter 1, page 11, that strategies based on modification of individual risk factors, such as weight loss, are "less certain, more difficult, and possibly less cost effective." MTUS 9792.20j does note, however, that nationally recognized guidelines disseminated by a national organization with affiliates based in two or more US States can be employed in cases in which the MTUS does not specifically address the topic. Aetna is a national insurer with affiliates in two or more US States. Aetna notes that applicants with a BMI greater than or equal to 27 with risk factors such as coronary artery disease, dyslipidemia, hypertension, obstructive sleep apnea, and/or diabetes are candidates for weight reduction medications and/or a weight-loss program. In this case, the applicant has a qualifying BMI, has comorbid diabetes, and is apparently intent on pursuing a total knee arthroplasty procedure. A weight-loss program may be more cost effective here, particularly as it has been suggested that the applicant has failed other means of losing weight, has a number of medical comorbidities, including diabetes and hypertension, and is seemingly intent on pursuing a knee arthroplasty procedure. The proposed weight-loss program may therefore be beneficial here, despite the tepid ACOEM position on the same. Accordingly, the request is medically necessary.