

Case Number:	CM14-0079501		
Date Assigned:	07/18/2014	Date of Injury:	09/22/2009
Decision Date:	10/02/2014	UR Denial Date:	05/13/2014
Priority:	Standard	Application Received:	05/30/2014

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 Family Medicine and is licensed to practice in Texas. 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 injured worker is a 50-year-old male who reported an injury on 09/22/2009. The mechanism of injury was not provided in the medical records. His diagnoses included advanced degenerative arthritis of the right knee, status post right knee total arthroplasty, moderately advanced degenerative arthritis of the left knee, and status post extensive left knee arthroscopic surgery with microfracture, as well as moderate obesity. His past treatments were noted to include surgeries of the right and left knee, swimming for exercise, medications, and activity modification. His surgical history included a total right knee replacement on 10/31/2012 and a left knee arthroscopic meniscectomy and microfracture on 11/2013. On 03/13/2014, the injured worker presented with complaints of improving right knee pain and worsening left knee pain. It was noted that he had a recent MRI of the left knee which had revealed the complete disruption of the lateral meniscus. He was noted to be approximately 3 months following his left knee arthroscopic meniscectomy and microfracture of the lateral compartment. However, he continued to feel pain, tightness, and popping in the left knee. The physical examination revealed decreased range of motion in the right knee, increased quadriceps strength, and slight to moderate effusion. In the left knee, it was noted that his incisions were healed and he had a large joint effusion with tenderness over the medial and lateral joint lines. It was also noted that the injured worker had previously weighed 317 pounds, but had gained weight due to inactivity and his living circumstances and weighed 339 pounds at that visit. His medications were noted to include Norco and topical analgesics. A recommendation was made for continued medications, pool therapy, and [REDACTED]. It was noted that the injured worker had gained 55 pounds since his injury and needed [REDACTED] along with pool therapy 2 times a week for 3 months. The Request for Authorization Form was not submitted with the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

██████████ to get to 300 lbs.: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Weight Management, Volume 109, Issue 2, Pages 330-346 (February 2009)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Diabetes, Lifestyle (diet & exercise) modifications.

Decision rationale: According to the Official Disability Guidelines, reduction of obesity and an active lifestyle can have major benefits when incorporated in treatment programs. The clinical information submitted for review indicates that the injured worker had weight gain following his injury and surgeries due to inactivity. He was noted to have a diagnosis of obesity, and a recommendation was made for ██████████ as well as pool therapy. However, while reduction of obesity and an active lifestyle is encouraged, documentation needs to show that the injured worker has been treated with therapeutic exercise and dietary modifications with failure to reduce weight, prior to participation in a formal weight loss program. The documentation indicates that he was recently recommended for pool therapy. However, there is no documentation indicating that he has failed to lose weight with a therapeutic exercise program and whether he has been evaluated by a nutritionist or attempted to lower his weight on his own. In the absence of documentation indicating that initially recommended weight loss attempts have failed, participation in a formal ██████████ program is not supported. As such, the request is not medically necessary.