

<b>Case Number:</b>	CM13-0039515		
<b>Date Assigned:</b>	03/21/2014	<b>Date of Injury:</b>	11/14/1998
<b>Decision Date:</b>	04/08/2015	<b>UR Denial Date:</b>	10/09/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/28/2013

### 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, Arizona  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 60-year-old male who reported injury on 11/14/1998. The mechanism of injury was not provided. The documentation of 08/22/2013 revealed the injured worker had continued pain in the bilateral knees. The injured worker had tenderness to palpation in the right knee, and the McMurray's and Apley's tests were positive. The left knee had crepitus and pain with range of motion. The diagnosis included meniscal tear, right knee, osteoarthritis, left knee, and morbid obesity. The treatment plan included a request for Jenny Craig, and physical therapy 3 times a week x4 weeks. There was no Request for Authorization submitted for review.

### 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 base their decision on the MTUS. Decision based on Non-MTUS Citation Medical Disability Advisor by Presley Reed, MD. Obesity.

**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:** The Official Disability Guidelines indicate that lifestyle, diet, exercise, and modifications are recommended as a first line intervention. The clinical documentation submitted for review failed to indicate the injured worker had a failure of lifestyle modification and diet. There was a lack of documented exercise. The injured worker was noted to be morbidly obese. However, the injured worker's height and weight were not provided to support that he was morbidly obese. Additionally, the request as submitted failed to indicate the duration for the requested weight loss. Given the above, the request for weight loss program is not medically necessary.