

Case Number:	CM14-0152941		
Date Assigned:	09/23/2014	Date of Injury:	01/15/2010
Decision Date:	02/27/2015	UR Denial Date:	08/27/2014
Priority:	Standard	Application Received:	09/19/2014

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. 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, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management

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 51 year old female who was injured on 1/15/2010. The diagnoses are cervicgia, bilateral bi-compartmental end-stage osteoarthritis of the knees, bilateral knee pain and morbid obesity. There are co-existing diagnoses of anxiety, depression and diabetes. The patient completed knee Synvisc injections, steroid injections and PT. [REDACTED] noted subjective complaint of bilateral knees pain that is worse with prolonged standing and ambulation. There was objective finding of decreased range of motion of the knee joints and a body mass index of forty eight (48) indicating morbid obesity. There was documentation of reports from [REDACTED]. There are no documentation of failed conservative measures including lifestyle changes, dietary changes and modified exercise program. A Utilization Review determination was rendered on 8/27/2014 recommending modified certification for weight loss program to 3 months only.

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: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter; Other Medical Treatment Guideline or Medical Evidence: General Insurance- Aetna, BCBS.

Decision rationale: The CA MTUS and the ODG guidelines did not specifically address the indications for weight loss programs in chronic pain treatment. The exacerbation of chronic knee pain by co-existing obesity is addressed by general insurance guidelines including Aetna and BCBS. It is recommended that initial conservative weight loss measures such as dietary modification, lifestyle changes and modified exercise programs be encouraged. Recommended exercise programs include aquatic exercise and Yoga. The prescription for weight loss medications or medical supervised programs is recommended for patients who cannot tolerate or have failed conservative weight loss measures. The records did not show that the patient have tried or failed conservative weight loss measures. The records indicate many co-existing medical conditions and treatments which are also associated with weight gain. The criteria for weight loss program was not met.