

<b>Case Number:</b>	CM14-0216930		
<b>Date Assigned:</b>	01/06/2015	<b>Date of Injury:</b>	07/21/2009
<b>Decision Date:</b>	03/11/2015	<b>UR Denial Date:</b>	12/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/26/2014

### 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: Pennsylvania, Ohio, California  
 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 fifty-three year old female who sustained a work-related injury on July 21, 2009. A request for an aggressive weight loss program with [REDACTED] or [REDACTED] was noncertified by Utilization Review (UR) on December 15, 2014. The UR physician determined that the requested weight loss program was not demonstrated to be medically necessary or supported with objective evidence of failure of a self-directed diet. The UR physician noted that the current diagnosis of morbid obesity is not demonstrated to be an effect of the industrial injury supported by a rationale with objective evidence and a nexus to the cited mechanism of injury. Furthermore, the UR physician noted that there is no documentation of an exercise program, no discussion of the methods of weight loss previously attempted or the rationale for the failure to follow a diet. A request for Independent Medical Review (IMR) was initiated on December 26, 2014. The medical documentation submitted for review included a physician's report of July 17, 2014. The evaluating physician noted that the injured worker sustained an injury when she tripped on an uneven raised concrete surface and fell striking her knee on the ground. She was treated with surgery and physical therapy; however reported that this intervention did not help. An MRI of the left knee on February 17, 2014 revealed moderate chondromalacia with medial and patellofemoral compartments, mildly truncated appearance to the medial meniscus which may be related to partial meniscectomy and small joint effusion. The evaluating physician noted that the injured worker would require a total knee replacement; however she would be at a high risk for perioperative complications with a BMI of 57. A physician's note of 9/11/2014 noted that the injured worker's height is 5'6" and her weight was 350 lbs. The physician documented that

the injured worker had a home exercise program which she learned from her physical therapy. The physician noted that the injured worker required surgery to the left knee but that she must go through a weight loss program prior to surgery. Documentation revealed that the injured worker acknowledged her need to lose weight so that she could have surgery; however she expressed that because she is immobile and can't exercise, she cannot lose weight.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Aggressive weight loss program with [REDACTED] or [REDACTED]: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Aetna Clinical Policy Bulletin

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Chapter 7 Consultation

**Decision rationale:** ACOEM guidelines encourage referral to another health practitioner if a patient may benefit from additional expertise. The treating physician in this case provides a valid reasoned rationale as to why this patient may benefit from a weight loss program; however, it is not clear if the requested program is medically supervised. Thus guidelines would support a request for medically supervised treatment such as a consultation with a registered dietician. However the requested treatment at this time is not medically necessary.