

Case Number:	CM14-0217122		
Date Assigned:	01/07/2015	Date of Injury:	07/13/2011
Decision Date:	03/04/2015	UR Denial Date:	12/01/2014
Priority:	Standard	Application Received:	12/29/2014

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, California
 Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 48 year-old male patient, who sustained an injury on July 13, 2011. He sustained the injury due to a fall after rolling the right ankle and hyperextending the foot, resulting injury of both knees. The current diagnoses include tear of medial cartilage or meniscus of the knee, right knee effusion, status post right knee arthroscopic surgery and right knee overcompensation pain. An evaluation on January 24, 2014, indicates the injured worker currently weighs 319 pounds. The documentation does not indicate the injured workers current BMI measurements. Per the doctor's note dated 11/11/14, he had complaints of right knee pain with movement and left knee pain. Physical examination revealed weight 335 pounds, right knee-tenderness over the medial joint line and popliteal area and crepitus and effusion; left knee-tenderness to palpation and arthroscopic portals. The current weight is 335 pounds, and needs to lose close to 100 pounds in order to be a good surgical candidate. The current medications list is not specified in the records provided. He has undergone left knee surgery on October 19, 2011. He has had a magnetic resonance imaging on November 4, 2013, of the right leg which revealed a tear of the medial meniscus; MRI right lower extremity dated 10/1/2014 which revealed complex tear of medial meniscus with peripheral extrusion of the meniscal body and large joint effusion. He has had physical therapy visits for this injury. The records do not indicate previous weight control measures taken. The records do not indicate exercise and/or diet programs already tried and/or failed by this injured worker. The request for authorization is for weight management classes with a non-physician provider, per session (weight management program for six months). On December 1, 2014, Utilization Review non-certified the request for weight management classes

with a non-physician provider, per session (weight management program for six months), based on unknown guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Weight Management Program (month): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Chapter:Knee& Leg (updated 02/05/15) Gym memberships American Family Physician. 2006 Jun 1;73(11):2074-2077.-Practice Guideline-Joint Position Statement on Obesity in Older Adults

Decision rationale: Request: Weight Management Program (month)ACOEM/CA MTUS do not specifically address weight loss program.Per the cited guidelines "With unsupervised programs there is no information flow back to the provider, so he or she can make changes in the prescription, and there may be risk of further injury to the patient. Gym memberships, health clubs, swimming pools, athletic clubs, etc., would not generally be considered medical treatment."Treatments for obesity either decrease energy intake or increase energy expenditure. Those that decrease energy intake have a greater potential for causing weight loss than those that increase energy expenditure through exercise. Per the Practice Guideline- Joint Position Statement on Obesity in Older Adults- "When beginning weight-loss therapy for older patients, all appropriate information should first be collected (i.e., medical history, physical examination, laboratory tests, medication assessment, and evaluation of the patient's of inclination to lose weight). Physicians should assist their patients in making lifestyle and behavioral changes by setting goals, supervising progress, and motivating patients."The records provided do not provide detailed information about patient's dietary history. The records provided do not specify if the patient has had a trial of weight loss measures including dietary modification and a daily exercise program. The response to any prior attempts of weight loss treatments are not specified in the records provided. Tests for medical conditions contributing to his inability to lose weight like hypothyroidism are not specified in the records provided. Any medications that may be contributing to his weight gain are not specified in the records provided. Any possible psychiatric co morbidities like depression or bulimia that may be contributing to the patient's weight gain are not specified in the records provided.The medical necessity of Weight Management Program (month) is not fully established for this patient at this time.