

<b>Case Number:</b>	CM15-0110625		
<b>Date Assigned:</b>	06/17/2015	<b>Date of Injury:</b>	06/12/2012
<b>Decision Date:</b>	07/16/2015	<b>UR Denial Date:</b>	05/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/08/2015

### 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, Indiana, New York  
Certification(s)/Specialty: Internal Medicine

### 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 42 year old female, who sustained an industrial injury on June 12, 2012. The injured worker reported a fall off chair. The injured worker was diagnosed as having marked obesity and degenerative arthritis of the knees. Treatment to date has included magnetic resonance imaging (MRI), x-ray, physical therapy, home exercise program (HEP) and medication. A progress note dated April 7, 2015 provides the injured worker complains of neck, back pain and severe knee pain. Physical exam notes no significant change since previous exam at that time her weight was 389 pounds. There is knee tenderness with painful range of motion (ROM) and crepitus. The plan includes treatment at a tertiary center for weight loss.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tertiary center for significant obesity & problems with the neck, mid & low back, including bilateral knees:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://emedicine.medscape.com/article/123702-treatment> ACOEM Practice Guidelines, Chapter 7, Page 127.

**Decision rationale:** Pursuant to the ACOEM, Tertiary Center for significant obesity and problems with neck, mid and low back, including bilateral knees is not medically necessary. An occupational health practitioner may refer to other specialists if the diagnosis is certain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A consultation is designed to aid in the diagnosis, prognosis and therapeutic management of a patient. The need for a clinical office visit with a healthcare provider is individualized based upon a review of patient concerns, signs and symptoms, clinical stability and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medications such as opiates for certain antibiotics require close monitoring. Treatment of obesity starts with comprehensive lifestyle management (i.e. diet, physical activity, behavioral modification) which should include the following: self-monitoring of caloric intake and physical activity; goal setting; stimulus control; nonfood rewards; and relapse prevention. See attached link for details. In this case, the injured worker's working diagnoses are cervical spondylolisthesis with degenerative arthritis cervical spine, thoracic spine and lumbar spine; degenerative arthritis bilateral knees; and marked obesity. According to a April 7, 2015 progress note, the injured worker has been seen in consultation with a bariatric surgeon. Objectively, there are no weights, BMI or height documented in the medical record. There is no clinical indication or rationale indicating why the injured worker is not being followed by an internal medicine and/or family practice physician for evaluation of and instituting a weight loss program. There is no clinical indication or rationale for preliminary referral to a tertiary care center. There is no documentation in the medical record indicating attempted weight loss with serial weights. Consequently, absent clinical documentation with an attempted weight loss/self initiated programs, serial weights with referral to internal medicine/family practice providers for initial evaluation and recommendations, Tertiary Center for significant obesity and problems with neck, mid and low back, including bilateral knees is not medically necessary.