

Case Number:	CM15-0110856		
Date Assigned:	06/12/2015	Date of Injury:	03/01/2005
Decision Date:	07/14/2015	UR Denial Date:	05/19/2015
Priority:	Standard	Application Received:	06/09/2015

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: Texas, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational 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 68 year old female, who sustained an industrial injury on 3/1/05. Many of the medical reports are difficult to decipher. The injured worker has been diagnosed of degenerative joint disease of bilateral knees. Treatment to date has included left knee arthroscopy on 12/18/13. Currently, the injured worker complains of bilateral knee pain. The treating physician requested authorization for a 10-week weight loss program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Weight loss program (10 weeks): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Archives of Physical Medicine and Rehabilitation.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 1 Prevention Page(s): 11. Decision based on Non-MTUS Citation 1. 2013 AHA/ACC/TOS guideline for the management of overweight and obesity in adults: a report of the American College of Cardiology/American Heart Association Task Force on Practice Guidelines and The Obesity Society. "National Guidelines Clearinghouse"

"<http://www.guideline.gov/content.aspx?id=48339&search=commercial+weight+loss+program#Section420>"2. Tsai A G, Wadden T A. Systematic review: an evaluation of major commercial weight loss programs in the United States. *Annals of Internal Medicine* 2005; 142(1): 56-66. PubMed <http://www.ncbi.nlm.nih.gov/pubmedhealth/PMH0021821/>.

Decision rationale: The injured worker sustained a work related injury on 3/1/05. The medical records provided indicate the diagnosis of diagnosed of degenerative joint disease of bilateral knees. Treatment to date has included left knee arthroscopy on 12/18/13. The medical records provided for review do not indicate a medical necessity for weight loss program (10 weeks). The MTUS states, "Strategies based on modification of individual risk factors (e.g., improving worker fitness, smoking cessation, weight loss) may be less certain, more difficult, and possibly less cost-effective." The Official Disability Guidelines is silent on the topic. The National Guidelines Clearinghouses states the American College of Cardiology/American Heart Association Task Force on Practice Guidelines and The Obesity Society recommend as follows: 1. Advise overweight and obese individuals who would benefit from weight loss to participate for 6 months in a comprehensive lifestyle program that assists participants in adhering to a lower-calorie diet and in increasing physical activity through the use of behavioral strategies. 2. Prescribe on-site, high-intensity (i.e., 14 sessions in 6 mos) comprehensive weight loss interventions provided in individual or group sessions by a trained interventionist. 3. Prescribe commercial-based programs that provide a comprehensive lifestyle intervention as an option for weight loss, provided there is peer-reviewed published evidence of their safety and efficacy. 4. Advise overweight and obese individuals who have lost weight to participate long term (1 year) in a comprehensive weight loss maintenance program. In the article, "Systematic review: an evaluation of major commercial weight loss programs in the United States", the authors concluded that the evidence to support the use of major commercial and self-help weight loss program is suboptimal. Therefore, the request is not medically necessary.