

Case Number:	CM15-0113215		
Date Assigned:	06/19/2015	Date of Injury:	06/11/2012
Decision Date:	07/21/2015	UR Denial Date:	06/03/2015
Priority:	Standard	Application Received:	06/11/2015

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
 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 50 year old male, who sustained an industrial injury on 6/11/2012. He reported a twisting injury to his left knee. The injured worker was diagnosed as having left knee osteoarthritis. He had undergone a left knee arthroscopy in the past. Treatment to date has included diagnostics and viscosupplementation injections. Currently, the injured worker complains of left knee pain and doing poorly. He had tenderness about his left knee. He was given an Orthovisc injection to the left knee. The treatment plan included lightweight gear to unload his joint, as well as a weight loss program. His body mass index was not documented. Prior attempts at weight loss were not noted. A weight loss program would be helpful in decreasing the load across his knees and avoid progression of knee disease, making attempts to avoid surgery. The initial orthopedic consultation report (4/16/2015) noted his work status as without restrictions.

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: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation The Practical Guide: Identification, Evaluation, and Treatment of Overweight and Obesity in Adults, NIH Publication No. 00-4084, October 2000.

Decision rationale: The MTUS Guidelines does not address weight loss programs as medically necessary treatment. The cited guidelines do not address any specific weight loss programs. Although interventions for weight loss may be indicated, and are supported by the cited guidelines, there is no indication that any consumer based weight loss program would be more beneficial than a program designed by the treating physician, or by a primary care provider. The cited guidelines provide the essential elements for primary care providers to direct patients to healthy weight loss. In this case, the treating physicians expects weight loss in the injured worker to help alleviate knee pain and prevent further damage to the knees. There is no evidence in the available documentation of the injured worker's attempts at weight loss. Additionally, the weight and BMI of the injured worker is not included with the available documentation. The request for a weight loss program is determined to not be medically necessary.