

Case Number:	CM15-0126094		
Date Assigned:	07/10/2015	Date of Injury:	10/06/2012
Decision Date:	08/11/2015	UR Denial Date:	05/26/2015
Priority:	Standard	Application Received:	06/30/2015

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, North Carolina
 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:

The injured worker is a 56 year old male, who sustained an industrial injury on 10/6/12. The diagnoses have included osteoarthritis of the right knee, pain in the right knee and status post right total knee arthroplasty 5/4/15. Treatment to date has included medications, activity modifications, diagnostics, surgery, physical therapy, off work and other modalities. Currently, as per the physician progress note dated 5/13/15, the injured worker complains of sharp, aching, constant pain in the right knee. He is status post right knee arthroscopy on 4/14/15 and status post right total kneed arthroplasty on 5/4/15. He also reports stiffness and swollen and aching pain from surgery. The physical exam reveals that the injured worker is 6 feet 3 inches, the weight is 269 pounds and the body mass index (BMI) is 33.62. The right knee exam reveals that the surgical incision is healing well without infection, there is some swelling noted and the range of motion is from 10-90 degrees. The diagnostic testing that was performed included right knee x-ray. The current medications included Percocet and Voltaren gel. The physician requested treatment included a Weight program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Weight program: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Center for Medicare and Medicaid Services CMS 40.5 - Treatment of Obesity.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation CMS 40.5, treatment of obesity.

Decision rationale: CA MTUS, ACOEM and ODG do not address this topic. Alternate guidelines for treatment of obesity were sought. It is presumed the request for a "weight program" is for a weight loss program. The patient is overweight at 269 lbs, but not morbidly obese. The records reveal that the request was made 1 day prior to his total knee replacement (TKA). The rationale or documentation was submitted to support the request. There are also no significant medical problems documented that would benefit from weight loss. The patient is currently receiving post-op physical therapy, so is already receiving an exercise program which can assist with weight loss. Addition of a weight loss diet supervised by his current physician would also be advisable. The request for a weight program is thus not medically necessary.