

Case Number:	CM15-0129882		
Date Assigned:	07/16/2015	Date of Injury:	09/05/2003
Decision Date:	08/20/2015	UR Denial Date:	06/25/2015
Priority:	Standard	Application Received:	07/06/2015

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: 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 63 year old female who sustained an industrial injury on 09/05/03. Initial complaints and diagnoses are not available. Treatments to date include medications, injections, aqua therapy and a left knee replacement. Diagnostic studies include x-rays of the right knee. Current complaints include right knee pain. Current diagnoses include osteoarthritis and obesity. In a progress note dated 06/05/15 the treating provider reports the plan of care as a knee replacement, physical therapy, and weight loss counseling, as well as medications including tramadol and Voltaren gel. The requested treatments include a 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: 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 NIH, weight loss.

Decision rationale: The California MTUS, the ACOEM and the ODG do not specifically address the requested service. PER the NIH recommendations, weight loss should be considered to: 1. lower blood pressure. 2. lower elevated levels of total cholesterol, LDL and triglycerides. 3. lower elevated levels of blood glucose levels. 4. use BMI to estimate relative risk of disease. 5. follow BMI during weight loss. 6. measurement of waist circumference. 7. initial goal should be to reduce body weight by 10%. 8. weight loss should be 1-2 pounds per week for an initial period of 6 months. 9. low calorie diet with reduction of fats is recommended. 10. an individual diet that is helped to create a deficit of 500-1000 kcal/day should be used. 11. physical activity should be part of any weight loss program. 12. behavioral therapy is a useful adjunct when incorporated into treatment. While weight loss is indicated in the treatment of both obesity and chronic pain exacerbated by obesity, there is no details given about the neither recommended program nor documentation of previous weight loss attempts/activities. Therefore there is no way to see if the requested program meets NIH standards. Therefore the request is not medically necessary.