

Case Number:	CM15-0172151		
Date Assigned:	09/14/2015	Date of Injury:	11/03/1997
Decision Date:	10/21/2015	UR Denial Date:	08/26/2015
Priority:	Standard	Application Received:	09/01/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 61 year old male, who sustained an industrial injury on 11-03-1997. He has reported subsequent bilateral knee pain and was diagnosed with bilateral knee sprain and strain, bilateral knee degenerative joint disease status post multiple surgeries and chronic pain syndrome. It was noted that MRI scans and x-rays had been taken in the past but results were not discussed. Treatment to date has included oral pain medication, injections electrical stimulation unit, massage, application of ice, physical therapy and surgery. Physical therapy was noted to be very helpful and pain was noted to be better with ice, rest, medication and elevation. In a progress note dated 07-20-2015 the injured worker reported 5-7 out of 10 right knee pain and 3-5 out of 10 left knee pain. Pain without medications was documented as 7 out of 10 and pain with medications was documented as 6 out of 10. Objective examination findings were notable for decreased range of motion of the cervical and lumbar spine, varus alignment of both knees, tenderness of the medial, lateral joint line, medial bursa and peripatellar region of the bilateral knees, decreased range of motion of the knees to flexion, crepitation and pain with range of motion and decreased sensation in a stocking distribution in the bilateral lower extremities. Work status was documented as off work. The physician noted that one of the treatment recommendations was to follow up with another physician for issues related to orthopedic treatment for the bilateral knees and assessing if there are any measures to help the injured worker lose weight. In a primary treating physician's progress note dated 08-03-2015, the injured worker reported decreased bilateral knee pain after Synvisc injections. The physician noted that the injured worker needed an industrially sponsored weight loss program and that the injured

worker's current weight was 347 pounds. A request for authorization of weight loss program was submitted. As per the 08-26-2015 utilization review, the request for weight loss program was non-certified.

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: Decision based on MTUS General Approaches 2004, Section(s): Cornerstones of Disability Prevention and Management.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Cornerstones of Disability Prevention and Management. Decision based on Non-MTUS Citation NHLBI Obesity Education Initiative Expert Panel on the Identification, Evaluation, and Treatment of Obesity in Adults (US). Bethesda (MD): National Heart, Lung, and Blood Institute; 1998 Sep.

Decision rationale: Weight loss program is not medically necessary per the MTUS guidelines and the guidelines from the NHLBI. The MTUS states that to achieve functional recovery, patients must assume certain responsibilities. It is important that patients stay active or increase activity to minimize disuse, atrophy, aches, and musculoskeletal pain, and to raise endorphin levels. They must adhere to exercise and medication regimens, keep appointments, and take responsibility for their moods and emotional states. The NHLBI states that there is strong evidence that combined interventions of a low calorie diet, increased physical activity, and behavior therapy provide the most successful therapy for weight loss and weight maintenance. The documentation does not reveal that the patient has attempted sustained exercise, weight loss or diet changes independently. The request for a weight loss program is not medically necessary.