

Case Number:	CM15-0172959		
Date Assigned:	09/15/2015	Date of Injury:	09/07/2010
Decision Date:	10/20/2015	UR Denial Date:	08/10/2015
Priority:	Standard	Application Received:	09/02/2015

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 55 year old female who sustained an industrial injury on 9-7-10 from a slip and fall injuring her right knee, ankle, low back. Secondary to right knee ankle instability, she fell on 1-14-15 injuring her left knee, ankle. Diagnoses included status post right knee arthroscopy, recurrent medial meniscus tear; status post right ankle open reduction internal fixation; lumbar sprain, strain; lumbar radiculopathy; limb pain; low back syndrome; constipation; muscle spasms; lumbar vertebral compression fracture; genetic testing narcotics. She is currently (7-27-15) complaining of bilateral knee, ankle and low back pain. She ambulates with a slight limp. On physical exam, there was decreased range of motion of bilateral knees right worse than left with spasm, decreased L5 sensation. Her pain level regarding her back from the 7-16-15 progress note was 6 out of 10, down from 10 out of 10. On physical exam (7-16-15) there was lower extremity swelling, tenderness over the lateral tibia; lumbar spine exam showed tenderness over L1 in the midline and L4 tenderness; positive tenderness over the S1 joint bilaterally, periformis tenderness. The physical exam data form 12-15-14 to 7-16-15 showed a consistent basal metabolic rate of 60.34 with a 60 on 3-4-15. Diagnostics included x-rays of the lumbar spine (1-14-15) showing compression fracture of L-(poor copy); MRI of the right knee (3-2011) lateral meniscus tear; MRI of the lumbar spine (7-28-14) degenerative change, disc bulging. Treatments to date include right knee Euflexxa injection with minimal benefit; lumbar epidural steroid injection (6-27-15) with approximately 50% pain relief; medications: Norco, Tramadol, Fentanyl patch, Lyrica. In the progress note dated 7-27-15 the treating provider's plan of care included a request for 90 days of [REDACTED] Weight Loss Program. In the 7-27-

progress note the treating provider (hand written note difficult to decipher) indicates "No weight loss, no [REDACTED] benefits for over one month". Per the 4-7-15 progress note, "She has been to [REDACTED] and lost 30 pounds". The request for authorization dated 7-30-15 indicates [REDACTED] Weight loss Program for 90 days. On 8-10-15 utilization review evaluated and non-certified the request for [REDACTED] Weight Loss Program for 90 days based on no planned surgeries or procedures, no documentation of personal attempts to lose weight or dietary changes.

IMR ISSUES, DECISIONS AND RATIONALES

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

[REDACTED] weight loss program x90 days: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Clearinghouse Guidelines.

Decision rationale: CA MTUS/ACOEM Guidelines and ODG do not address specific weight loss programs such as [REDACTED]. In this case, the patient was injured 5 years ago and complains of chronic ankle, knee and low back pain. There are no independent studies that support guidelines recommendations for weight loss programs for chronic knee pain patients. In addition, obesity has not been shown to be a risk factor for low back pain. In this case, the patient has had [REDACTED] weight loss programs approved and ongoing since 1/27/2014. The patient has recently gained from 309 to 327 pounds. There is no documentation of details of prior weight loss trials and no details at personal attempts at weight loss and dietary changes. There is also no surgery planned necessitating weight loss. Therefore, base on the above findings the request is not medically necessary or appropriate.