

Case Number:	CM15-0177877		
Date Assigned:	09/18/2015	Date of Injury:	03/15/2006
Decision Date:	11/06/2015	UR Denial Date:	08/31/2015
Priority:	Standard	Application Received:	09/09/2015

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: Texas, California

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:

This is a 50 year old female patient, who sustained an industrial injury on 3-15-2006. The diagnoses include moderate to severe osteoarthritis of the bilateral knees and mild, early peripheral neuropathy. According to the progress report dated 8-4-2015, she had complains of constant pain in her bilateral knees, right (9.5 out of 10) greater than left (7 out of 10). The physical examination revealed overweight and obese, height 5'4", weight 313 pounds; bilateral knee tenderness with decreased range of motion. The medications list includes topical analgesic creams. She has undergone carpal tunnel release. Prior diagnostic study reports were not specified in the records provided. Treatment to date has included a home exercise program. Work status is described as modified work. The original utilization review (8-31-2015) had non-certified a request for bariatric center consultation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Consultation for bariatric center: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines 2nd Edition, 2004, Chapter 7, Independent Medical Examinations and Consultations.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Independent Medical Examinations and Consultations, page 127. Other Medical Treatment Guideline or Medical Evidence American Family Physician. 2006 Jun 1; 73 (11): 2074-2077. -Practice Guideline- Joint Position Statement on Obesity in Older Adults.

Decision rationale: Consultation for bariatric center. Per the cited guidelines, the occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. Treatments for obesity either decrease energy intake or increase energy expenditure. Those that decrease energy intake have a greater potential for causing weight loss than those that increase energy expenditure through exercise. Per the Practice Guideline: Joint Position Statement on Obesity in Older Adults. When beginning weight-loss therapy for older patients, all appropriate information should first be collected (i.e., medical history, physical examination, laboratory tests, medication assessment, and evaluation of the patient are of inclination to lose weight). Physicians should assist their patients in making lifestyle and behavioral changes by setting goals, supervising progress, and motivating patients. The records provided do not provide detailed information about the patient's dietary history. The details of the response to any prior attempts of weight loss treatments are not specified in the records provided. Any possible psychiatric co morbidities like depression or bulimia that may be contributing to the patient's weight gain are not specified in the records provided. The medical necessity of a Consultation for a bariatric center is not fully established for this patient, therefore is not medically necessary.