

<b>Case Number:</b>	CM15-0179897		
<b>Date Assigned:</b>	09/21/2015	<b>Date of Injury:</b>	01/24/2003
<b>Decision Date:</b>	10/30/2015	<b>UR Denial Date:</b>	09/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/14/2015

### 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, Hawaii

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 63 year old female with a date of injury on 1-24-2003. A review of the medical records indicates that the injured worker is undergoing treatment for severe left knee pain, left knee degenerative joint disease, chronic pain syndrome and morbid obesity. Medical records (7-9-2015 to 8-18-2015) indicate chronic pain affecting the left knee. According to the progress report dated 7-9-2015, the injured worker was approved for a nutritional consult. Per the progress report dated 8-14-2015, the injured worker had a consultation with the nutritional specialist at Jenny Craig weight loss program. The submitted documentation did not include the results of the nutritional consult. Per the treating physician (8-14-2015) "I strongly recommend her to enroll with the program since she is over 100 pounds overweight which is affecting her knee and further recovery and exercise program." The physical exam (8-18-2015) revealed an obese female in no acute distress. She had an antalgic gait with a single point cane. There was tenderness to palpation throughout the left knee with trace effusion. Treatment has included left knee arthroscopy, cortisone injection, and medications. Current medications (7-9-2015) included Norco, topical Flurbiprofen, Gabapentin and Prilosec. The request for authorization dated 9-3-2015 was to enroll in [REDACTED] program for weight loss. The original Utilization Review (UR) (9-10-2015) denied a request for a [REDACTED] weight loss program.

### IMR ISSUES, DECISIONS AND RATIONALES

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

██████████ program for weight loss: 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 AETNA Clinician Supervision of Weight Reduction Programs.

**Decision rationale:** The patient presents with severe left knee pain, left knee degenerative joint disease, chronic pain syndrome and morbid obesity. The patient currently complains of chronic pain affecting the left knee. The patient is an obese female. The current request is for Jenny Craig program for weight loss. Per the treating report dated 8/14/15 (19B) the treating physician notes, the patient had a consultation with a nutritional specialist at ██████████ weight loss program where she was told she is a good candidate for the program. The physician goes on to note, "I strongly recommend her to enroll with the program since she is over 100 pounds overweight which is affecting her knee and further recovery and exercise program." MTUS/ACOEM Guidelines and ODG do not specifically address weight loss programs. AETNA guidelines on Clinician Supervision of Weight Reduction Programs allows up to a combined limit of 26 individual or group visits by any recognized provider per 12-month period are considered medically necessary for weight reduction counseling in adults who are obese as determined by BMI. Physician monitored programs are supported for those with BMI greater than 30, but excludes ██████████, ██████████, ██████████, or similar programs. The following services are considered medically necessary for the evaluation of overweight or obese individuals: Complete blood count, Comprehensive history and physical examination, Dexamethasone suppression test and 24-hour urinary free cortisol measures if symptoms suggest Cushing's syndrome. Electrocardiogram (EKG) – adult, Glucose tolerance test (GTT), Hand x-ray for bone age – child, Lipid profile (total cholesterol, HDL-C, LDL-C, triglycerides), Metabolic and chemistry profile (serum chemistries, liver tests, uric acid) (SMA 20), Thyroid function tests (T3, T4, TSH)- Urinalysis. In this case, other than the treating physician's report dated 4/21/15 indicating the patient is over 300 pounds, no discussion or documentation of the patient's Body Mass Index. While this patient may need to lose weight, the proposed treatment plan from the treating physician is not supported by the guidelines. The current request is not medically necessary.