MAXIMUS Federal Services

Case Number:	CM15-0067393		
Date Assigned:	04/15/2015	Date of Injury:	12/09/2009
Decision Date:	05/18/2015	UR Denial Date:	03/26/2015
Priority:	Standard	Application Received:	04/09/2015

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: Massachusetts
Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 45 year old male, who sustained an industrial injury on 12/09/2009. He has reported subsequent knee pain and was diagnosed with degenerative joint disease of the bilateral knees. Treatment to date has included oral pain medication, Synvisc injections and surgery. In a progress note dated 02/11/2015, the injured worker complained of shoulder pain. Objective findings were notable for decreased range of motion right greater than left but it is uncertain as to which body part was being referenced. A request for authorization of weight loss gym program was made to prepare the injured worker for total knee replacement.

IMR ISSUES, DECISIONS AND RATIONALES

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

Weight loss program/gym program: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Gym Membership Section and www.ncbi.nlm.nih.giv/pubmed?term=obesity%20in%20US%20workers%20%27Caban%27.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (1) Tsai AG, Wadden TA. Systematic review: An

evaluation of major commercial weight loss programs in the United States. Ann Intern Med. 2005;142 (2) Wadden TA, Berkowitz RI, Womble LG, et al. Randomized trial of lifestyle modification and pharmacotherapy for obesity. N Engl J Med. 2005;353 (20):2111-2120 (3) American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 6: p87.

Decision rationale: The claimant sustained a work-related injury in December 2009 and continues to be treated for bilateral knee pain. Knee replacement surgery is being planned, pending weight loss. The requesting provider documents that the claimant is walking for exercise. A gym membership is not recommended as a medical prescription unless a documented home exercise program with periodic assessment and revision has not been effective and there is a need for equipment. If a membership is indicated, continued use can be considered if can be documented that the patient is using the facility at least 3 times per week and following a prescribed exercise program. In this case, there is no documentation of a prescribed exercise program. There is no apparent need for specialized equipment such as a pool for aquatic exercises. Therefore, the requested gym membership is not medically necessary. In terms of weight loss, controlled trials are needed to determine the amount of weight lost and health benefit associated with weight loss programs. In this case, there is no evidence that the claimant has failed a non supervised weight loss program including a low calorie diet and increased physical activity, which might include a trial of pool therapy. Therefore, the requested weight loss program is also not medically necessary.