

Case Number:	CM15-0076438		
Date Assigned:	04/28/2015	Date of Injury:	09/01/2010
Decision Date:	05/27/2015	UR Denial Date:	04/07/2015
Priority:	Standard	Application Received:	04/21/2015

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: New Jersey
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 50 year old female, who sustained an industrial injury on 09/01/2010. She reported injuries to bilateral knees and was diagnosed with bilateral knee sprains. The injured worker is currently diagnosed as having chondral surface damage to the left knee status post left knee patellofemoral arthroplasty and status post patellofemoral arthroplasty of the right knee. Treatment and diagnostics to date has included bilateral knee surgeries, injections, therapy, and medications. In a progress note dated 03/26/2015, the injured worker presented for an appointment regarding her left knee. The treating physician reported requesting authorization for a weight management program and a six month gym membership for weight loss.

IMR ISSUES, DECISIONS AND RATIONALES

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

Weight Management Program: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation CMS 40.5-Treatment of Obesity.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Diabetes, Lifestyle modifications.

Decision rationale: The MTUS is silent regarding weight loss programs. The ODG, however, states that lifestyle modifications such as dietary changes and exercise are particularly recommended as first-line interventions for the treatment of diabetes and obesity. The low-glycemic-index diet is best for weight loss and cardiovascular disease prevention. Extreme restriction of healthy whole food sources of fats or complex carbs can have bad effects, however. The best long-term approach is to avoid restriction of any major nutrient--either fat or carbohydrate--and instead focus on the quality of nutrients from whole foods, primarily plant-based. The argument that the food industry makes, that all foods can be part of a healthful diet as long as you watch calories, is misleading. Primary to considering any weight loss program, an attempt with individualized dietary and exercise advice by the provider should come first. In the case of this worker, there was a request for the worker to lose weight in order to be able to successfully perform knee surgery in the future to help her chronic knee pain. However, since there was no documentation as to any individualized approach to weight loss via her existing providers, a program cannot be justified. Also, the details of the program and what it teaches, as they vary widely, was not provided and therefore, it cannot be reviewed for approval and will be considered medically unnecessary at this time.

6 month gym membership for weight loss: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Gym Memberships.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Exercise Page(s): 45-47. Decision based on Non-MTUS Citation ODG, Knee and Leg section, Gym memberships.

Decision rationale: The MTUS states that exercise is recommended for chronic pain, although there is no sufficient evidence to support the recommendation of any particular exercise regimen over any other. Such programs should emphasize education, independence, and the importance of an on-going exercise regime. The MTUS also recommends aquatic therapy as an optional exercise strategy in cases where land-based exercise or therapy is not tolerated, as it can minimize the effects of gravity, and may be appropriate for a patient that is extremely obese. The MTUS does not specifically address gym memberships for the purpose of weight loss. The ODG, however, discusses when a gym membership is recommended for knee injuries. It states that the gym membership is only recommended when a home exercise program has not been effective and there is a need for equipment. Plus treatment needs to be monitored and administered by medical professionals, such as a physical therapist for example. Unsupervised exercise programs do not provide any information back to the treating physician, which is required to make adjustments if needed and to prevent further injury. In the case of this worker, there was an effort to help the worker lose weight by recommending a gym membership for 6 months. However, there was no evidence presented which might have helped justify using a gym membership over simpler home exercises. There was no indication that any specific equipment or supervision was required for this worker. Therefore, the request for a gym membership will be considered medically unnecessary.