MAXIMUS Federal Services

Case Number:	CM15-0079475		
Date Assigned:	04/30/2015	Date of Injury:	04/03/2006
Decision Date:	06/03/2015	UR Denial Date:	04/17/2015
Priority:	Standard	Application Received:	04/24/2015

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, Illinois
Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 54 year old, female who sustained a work related injury on 4/3/06. The diagnoses have included advanced posttraumatic degenerative arthritis right knee, moderate posttraumatic degenerative arthritis left knee and moderate obesity. The treatments have included MRIs, an H-wave stimulator, oral medications, home exercises, ice pack therapy, and knee injections. In the Change of Status Report dated 3/21/15, the injured worker complains of bilateral knee joint pain. She complains of constant, moderate to severe pain in knees, right greater than left. She has associated swelling of knees. She feels that her knees may give way going down stairs. In a supplemental Qualified Medical Examination evaluation dated 11/26/12, the physician noted the injured worker got her weight down from 292 pounds to 233 pounds. He recommended that she lose an additional 60 pounds to help her knees. She currently weighs 241 pounds. The treatment plan is a request for a supervised weight loss program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Appeal Supervised Weight Loss Program (to lose 60 pounds over the next 6 months) program such as [redacted]: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation J Am Diet Assoc. 2007 Oct; and Nutrition Concepts by Franz inc.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MedscapeMost Weight-Loss Programs Come Up Wantinghttp://www.medscape.com/viewarticle/842738.

Decision rationale: The injured worker sustained a work related injury on 4/3/06. The medical records provided indicate the diagnosis of advanced posttraumatic degenerative arthritis right knee, moderate posttraumatic degenerative arthritis left knee and moderate obesity. Treatments have included. The medical records provided for review do not indicate a medical necessity for H-wave stimulator, oral medications, home exercises, ice pack therapy, and knee injections. The MTUS and the Official Disability Guidelines are silent on weight loss program; after reviewing studies on commercial weight loss program, the Medscape concluded they come up wanting. Therefore the request is not medically necessary.