MAXIMUS Federal Services

Case Number:	CM15-0079484		
Date Assigned:	04/30/2015	Date of Injury:	04/03/2006
Decision Date:	06/01/2015	UR Denial Date:	04/01/2015
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: North Carolina
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 55 year old female who sustained an industrial injury on 04/03/2006. The injured worker was diagnosed with tricompartmental arthritis of the bilateral knee joints, right knee worse than left knee, chronic low back pain with L4 and L5 pseudo spondylolisthesis, obesity and depression. Treatment to date includes diagnostic testing, surgery, Supartz injections (shoulder), physical therapy, transcutaneous electrical nerve stimulation (TENs) unit, ice, home exercise program and medications. The injured worker is status post right carpal tunnel release (2009) and right shoulder rotator cuff repair (2010). According to the primary treating physician's progress report on March 21, 2015, the injured worker continues to experience low back and bilateral knee pain, right knee greater than left associated with swelling and giving way when going down stairs. Examination demonstrated an antalgic gait on the right side with obvious valgus deformity of her right knee with decreased range of motion and moderately severe tenderness to palpation along the lateral and medial joint line. On varus and valgus stress a crunching, snapping sound was felt within the right knee joint and mild medial instability was noted. Crepitation was greater on the right than the left. The injured worker has self-modified her caloric intake and has lost approximately 60 pounds in the past 2 years and currently hit a plateau. There was no documented body mass index, height or past dietary counseling noted with a recent weight of 241 pounds. The injured worker is currently working with modified restrictions. Medications are listed as Norco, Tramadol, Aleve, topical analgesics and Prilosec. Treatment plan consists of appropriate stretching, strengthening and home exercise program, a

50-60 pound weight loss prior to right total knee replacement, prescribed medications and the current 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:

Supervised weight loss program for 6 months: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management. Decision based on Non-MTUS Citation www.ncbi.nlm.nih.gov/pubmed/15630109.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Up-to-date, obesity.

Decision rationale: The ACOEM, ODG and California MTUS do not specifically address the requested medication. Per up-to-date medical guidelines, treatment recommendations for obesity included diet and exercise, medications and in select individuals, surgical intervention. They do not recommend any one particular prescribed weight loss program. Therefore the request is not certified. Therefore, the requested treatment is not medically necessary.