

Case Number:	CM15-0091196		
Date Assigned:	05/15/2015	Date of Injury:	03/04/2008
Decision Date:	06/24/2015	UR Denial Date:	05/05/2015
Priority:	Standard	Application Received:	05/12/2015

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:

Certification(s)/Specialty:

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 59 year old female, who sustained an industrial injury on 03/04/2008. She reported sustaining injuries to the low back, bilateral knee joints, and her left shoulder after she tripped and fell at work. The injured worker was diagnosed as having moderately advanced degenerative arthritis of the bilateral knees, advanced degenerative arthritis of the left carpometacarpal (CMC) joint, extensive degenerative disc disease of the lumbar spine, impingement syndrome with acromioclavicular joint arthritis of the left shoulder, longitudinal tear of the supraspinatus tendon, and exogenous obesity. Treatment and diagnostic studies to date has included x-rays of the bilateral knees, x-rays of the lumbar spine, x-rays of the right wrist, x-rays of the left shoulder, medication regimen, magnetic resonance imaging of the bilateral knees, magnetic resonance imaging of the lumbar spine, nerve conduction study, use of a cane, and use of ice packs. In a progress note dated 04/22/2015 the treating physician reports intermittent complaints of pain to the neck; constant, moderate pain to the lower back that radiates to the right buttocks and at times the right calf with associated numbness to the right calf; constant, slight to moderate pain to the bilateral thumbs, hands, and wrists; constant pain to the left shoulder with clicking and catching noises; and constant, moderate to severe pain to the bilateral knees with swelling along with the knees feeling as though they will give out while walking down stairs. Examination reveals an antalgic gait on the right side, slightly decreased range of motion to the cervical spine, tenderness on palpation to the paracervical spine and the paravertebral muscles, tenderness and weakness to the bilateral shoulders, positive impingement sign on the left side, moderate tenderness to the bilateral knees with crepitation, and slight evidence of joint effusion and quadriceps atrophy present. The treating physician requested a referral for a weight loss program to try to lose 60lbs to take the strain off of her knee joints. The

treating physician noted that the injured worker has attempted to lose weight on her own with dietary modification, behavior modification, and an increase in exercising, but has been noted to be unsuccessful with these modalities.

IMR ISSUES, DECISIONS AND RATIONALES

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

Referral for weight loss program: 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; 107(10): 1755-67/ Weight-loss outcomes.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 340.

Decision rationale: The patient sustained injuries on 3/2008 to the back, knees, and left shoulder. The request is for a weight loss program to reduce the strain on her knees. It is reported that she has attempted weight loss on her own unsuccessfully. There is inadequate documentation of the methods the patient used for self directed weight loss. Based on the MTUS guidelines, it is recommended that knee pain after injury is benefited from muscle strengthening exercises. There is no specific advice with regards to weight loss. Also, there is no guidance or evidence suggested with regards to increased success rate with weight loss programs versus self directed treatment. Therefore the request is not medically necessary.