

**MAXIMUS FEDERAL SERVICES, INC.**

Independent Medical Review

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**Notice of Independent Medical Review Determination**

Dated: **12/12/2013**

[REDACTED]

[REDACTED]

Employee: [REDACTED]  
Claim Number: [REDACTED]  
Date of UR Decision: 8/7/2013  
Date of Injury: 2/29/2012  
IMR Application Received: 8/22/2013  
MAXIMUS Case Number: CM13-0014756

- 1) MAXIMUS Federal Services, Inc. has determined the request for **referral to pain management is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for **weight loss program is not medically necessary and appropriate.**

## INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/22/2013 disputing the Utilization Review Denial dated 8/7/2013. A Notice of Assignment and Request for Information was provided to the above parties on 10/7/2013. A decision has been made for each of the treatment and/or services that were in dispute:

- 1) MAXIMUS Federal Services, Inc. has determined the request for **referral to pain management** is not **medically necessary and appropriate**.
- 2) MAXIMUS Federal Services, Inc. has determined the request for **weight loss program** is not **medically necessary and appropriate**.

### Medical Qualifications of the Expert Reviewer:

The independent Medical Doctor who made the decision has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Anesthesiologist, Pain Medicine, and is licensed to practice in Florida. 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 treatments and/or services at issue.

### Expert Reviewer Case Summary:

The patient is a 45-year-old female who was injured in a work-related accident on 02/29/2013. She slipped and fell working as a deli service manager causing a contusion of her right knee and hyperextending her left knee with immediate onset of bilateral knee pain. There was indication of prior surgical history in the form of a meniscectomy to the right knee taking place before the injury in 2008. The most recent clinical assessment for review is a 07/02/2013 progress report where the claimant saw [REDACTED] MD, with current diagnoses of: (1) degenerative joint disease bilateral knees; (2) "status post multiple surgeries right knee;" (3) lumbar sprain/strain; (4) internal derangement to the right shoulder. It stated the claimant continued to have complaints about the right knee despite viscosupplementation injections providing no significant benefit, and unfortunately she developed an allergic reaction of hives. Formal physical examination showed quadriceps atrophy on the right, +1 synovitis, and a positive left knee McMurray's test. Motion was from 0 degrees to 135 degrees bilaterally with the knees. Recommendations at that time were for pain management referral, PRP injection to the right knee, and recommendations for a supervised weight loss program. These requests were denied by utilization review of 08/06/2013 citing no need for pain management referral as the claimant had continued understanding of treatment to the right knee. Further, a weight loss program would not be indicated because obesity is defined as a multifactorial medical condition.

## Documents Reviewed for Determination:

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- Application of Independent Medical Review
- Utilization Review Determination
- Medical Treatment Utilization Schedule (MTUS)
- Medical Records from:
  - X Claims Administrator
  - Employee/Employee Representative
  - Provider

### 1) Regarding the request for referral to pain management:

#### Section of the Medical Treatment Utilization Schedule Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator based its decision on the ACOEM Guidelines, which is part of MTUS.

The Expert Reviewer based his/her decision on the Cornerstones of Disability Prevention and Management (ACOEM Practice Guidelines, 2<sup>nd</sup> Edition (2004), Chapter 5) pg 91-92, which is part of the MTUS.

#### Rationale for the Decision:

Based on ACOEM Guidelines, referral for pain management in this case would not be supported. While it is noted that a health practitioner may refer to other specialists if a diagnosis is uncertain or if complex nature, the employee has a current diagnosis of bilateral degenerative joint disease to the knees. Standard course of treatment would include strengthening modalities, medication management, injection therapy, and in certain situations, surgical processes. For the employee's current diagnosis, the role of pain management referral cannot be supported at present. **The request for referral to pain management is not medically necessary and appropriate.**

### 2) Regarding the request for weight loss program:

#### Section of the Medical Treatment Utilization Schedule Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator based its decision on the Cornerstoness of Disability Prevention and Management (ACOEM Practice Guidelines), which is pat of MTUS.

The Expert Reviewer found that no section of the MTUS was applicable. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Worker's Compensation, the Expert Reviewer based his/her decision on Wing, Rena R & Phelan, Suzanne. Long-term weight loss maintenance. Am J Clin Nutr 2005 82: 222S-225. The Expert Reviewer also based his/her decision on Laura P. Svetkey et al. Comparison of Strategies for

Sustaining Weight Loss: The Weight Loss Maintenance Randomized Controlled Trial. JAMA. 2008;299(10):1139-1148.

Rationale for the Decision:

The above cited articles state that “research has shown that approximately 20% of overweight individuals are successful at long-term weight loss when defined as losing at least 10% of initial body weight and maintaining the loss for at least 1 year.” In addition, it is reported that “adherence to diet and exercise strategies, low levels of depression and disinhibition, and medical triggers for weight loss are also associated with long-term success.” There is a lack of documentation that the employee has adequately tried and failed self-weight loss, exercise, and/or diet. There is also a lack of specifics regarding the request, including duration and frequency. **The request for weight loss program is not medically necessary and appropriate.**

**Effect of the Decision:**

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the final determination of the Administrative Director, Division of Workers' Compensation. With respect to the medical necessity of the treatment in dispute, this determination is binding on all parties.

In accordance with California Labor Code Section 4610.6(h), a determination of the administrative director may be reviewed only if a verified appeal is filed with the appeals board for hearing and served on all interested parties within 30 days of the date of mailing of the determination to the employee or the employer. The determination of the administrative director shall be presumed to be correct and shall be set aside only upon proof by clear and convincing evidence of one or more of the grounds for appeal listed in Labor Code Section 4610.6(h)(1) through (5).

Sincerely,

Paul Manchester, MD, MPH  
Medical Director

cc: Department of Industrial Relations  
Division of Workers' Compensation  
1515 Clay Street, 18<sup>th</sup> Floor  
Oakland, CA 94612

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Disclaimer: MAXIMUS is providing an independent review service under contract with the California Department of Industrial Relations. MAXIMUS is not engaged in the practice of law or medicine. Decisions about the use or nonuse of health care services and treatments are the sole responsibility of the patient and the patient's physician. MAXIMUS is not liable for any consequences arising from these decisions.