
Independent Medical Review Final Determination Letter

[REDACTED]
[REDACTED]
[REDACTED]

Dated: 12/24/2013

Employee: [REDACTED]
Claim Number: [REDACTED]
Date of UR Decision: 7/22/2013
Date of Injury: 3/11/1992
IMR Application Received: 8/2/2013
MAXIMUS Case Number: CM13-0006183

DEAR Law Offices Of [REDACTED],

MAXIMUS Federal Services has completed the Independent Medical Review (“IMR”) of the above workers’ compensation case. This letter provides you with the IMR Final Determination and explains how the determination was made.

Final Determination: UPHOLD. This means we decided that none of the disputed items/services are medically necessary and appropriate. A detailed explanation of the decision for each of the disputed items/services is provided later in this letter.

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the Final Determination of the Administrative Director of the Division of Workers’ Compensation. This determination is binding on all parties.

In certain limited circumstances, you can appeal the Final Determination. Appeals must be filed with the Workers’ Compensation Appeals Board within 30 days from the date of this letter. For more information on appealing the final determination, please see California Labor Code Section 4610.6(h).

Sincerely,

Paul Manchester, MD, MPH
Medical Director

cc: Department of Industrial Relations, [REDACTED], Inc.

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Internal Medicine and is licensed to practice in New York. 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 physician 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/services.

DOCUMENTS REVIEWED

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 Records from (Claims Administrator)
- Medical Treatment Utilization Schedule (MTUS)

CLINICAL CASE SUMMARY

The physician reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 67 year-old female who sustained a work related injury on 03/11/1992. The mechanism of injury and entire post treatment history was not available for review. On 07/24/2013 the claimant was reevaluated for complaints of continued bilateral knee pain. The claimant was diagnosed with status post right knee arthroscopy 12/1992, status post left knee arthroscopy 1992, left ankle sprain/strain secondary to altered gait due to fall, lumbosacral sprain/strain with bilateral lower extremity radiculopathy, facet arthropathy, and left hip bursitis with iliotibial band syndrome. The claimant is 5'9"/290 lbs with a BMI of 43. She has been referred for knee replacement surgery and has been recommended to attend a 10 week weight loss program prior to surgery.

IMR DECISION(S) AND RATIONALE(S)

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

1. Weight loss program for 10 weeks is not medically necessary and appropriate.

The Claims Administrator based its decision on the Annals of Internal Medicine, Volume 142, pages 1-42, January 2005 "Evaluation of the Major Commercial Weight Loss Programs." by A. G. Tsai and T. A. Wadden. Mangwani J, Giles C, Mullins M, Salih T, Natali C. Obesity and recovery from low back pain: a prospective study to investigate the effect of body mass index on recovery from low back pain. Ann R Coll Surg Engl. 2009 Nov 2, which is not part of the 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 Workers' Compensation, the Expert Reviewer based his/her decision on Medscape Internal medicine: Obesity.

The Physician Reviewer's decision rationale:

The claimant is morbidly obese by BMI criteria. There is no documentaton provided necessitating a weight loss program on the basis of her work related injuries. The patient has no history of hypertension, diabetes or cardiac disease. There is no documentaiton of previous weight loss programs attempted and the claimant could be educated on a low fat diet with home exercise under the supervision of a dietician or primary care physician.

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.

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