

Case Number:	CM13-0015327		
Date Assigned:	10/07/2013	Date of Injury:	07/29/2009
Decision Date:	02/04/2014	UR Denial Date:	07/24/2013
Priority:	Standard	Application Received:	08/22/2013

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 Pulmonary Diseases and is licensed to practice in California. 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. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 67-year-old female who reported an injury on 07/29/2009. The mechanism of injury was not provided for review. Previous treatments included physical therapy, injection therapy, and medications. The patient's most recent clinical evaluation noted that the patient ambulated with the assistance of a walker. Physical findings of the bilateral knees included patellofemoral crepitus, medial joint line tenderness, and a positive McMurray's sign. Physical findings of the lumbar spine included tenderness to palpation in the lumbar area with stiff range of motion limited due to pain. The patient's diagnoses included cervical spine sprain/strain, bilateral shoulder impingement syndrome, severe arthrosis of the bilateral knees, sprain/strain of the left foot, and lumbar spine sprain/strain. The patient's treatment plan included a weight loss program, continuation of medications, and psychiatric evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Weight Loss Program such as Weight Watchers for ten (10) weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation
http://www.aetna.com/cpb/medical/data/1_99/0036.html AETNA Clinical Policy Bulletin:
 Weight Reduction Medications and Programs

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Diabetes Chapter, Lifestyle Changes.

Decision rationale: The requested Weight Loss Program such as Weight Watchers for ten (10) weeks is not medically necessary or appropriate. The clinical documentation submitted for review does provide evidence that the patient has significant pain complaints. Official Disability Guidelines recommend self-monitored activity modifications to include nutritional changes and exercise programs prior to entrance into a supervised weight loss program. The clinical documentation submitted for review does not provide any evidence that the patient has undergone any attempts to self-manage dietary changes and an exercise program. Therefore, a supervised weight loss program would not be indicated. As such, the requested Weight Loss Program such as Weight Watchers for ten (10) weeks is not medically necessary or appropriate.