

Case Number:	CM13-0018372		
Date Assigned:	01/03/2014	Date of Injury:	08/03/2004
Decision Date:	03/24/2014	UR Denial Date:	08/16/2013
Priority:	Standard	Application Received:	08/29/2013

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, has a subspecialty in 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 49-year-old female who reported an injury on 08/03/2004 after she was assaulted by a patient. The patient reportedly sustained emotional distress and injuries to multiple body parts to include cervical and lumbar spine, face, and bilateral knees. The previous treatments have included physical therapy, medications, psychotropic medications, psychiatric support, and a home exercise program. It is noted within the documentation that the patient has had a significant increase in weight due to psychotropic medication usage. The patient was evaluated in 07/2013 when it was documented that the patient had failed to respond to a supervised weight loss program. It is noted that the patient wished to participate in a different weight loss program.

IMR ISSUES, DECISIONS AND RATIONALES

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

■■■■■ ■■■■■ **weight loss program:** Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Washington State Department of Labor and Industries Medical Aid Rules & Free Schedules Guidelines.

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 Modifications.

Decision rationale: The requested [REDACTED] weight loss program is not medically necessary or appropriate. Official Disability Guidelines do recommend a supervised weight loss program for patients who have failed to respond to a self-directed program. The clinical documentation submitted for review does not provide any evidence that the patient has made any attempt at a self-directed weight loss program. There is no documentation that the patient has attempted to alter her nutritional intake or increase her active activity to support a self-directed weight loss program. Additionally, as the patient has failed to respond to previous supervised weight loss programs, there is no documentation to support a different outcome to an additional supervised weight loss program. Additionally, as the patient's weight gain is attributed to medication usage, the clinical documentation does not clearly indicate how altering the patient's nutritional intake and exercise will assist in weight control. As such, the requested [REDACTED] [REDACTED] weight loss program is not medically necessary or appropriate.