

Case Number:	CM13-0032085		
Date Assigned:	06/06/2014	Date of Injury:	04/04/2001
Decision Date:	10/24/2014	UR Denial Date:	09/23/2013
Priority:	Standard	Application Received:	10/07/2013

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. The expert reviewer is Board Certified in Internal Medicine and is licensed to practice in California and Illinois. 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/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 injured worker is a 69-year-old who reported an injury of unspecified mechanism on April 4, 2001. On June 6, 2014, his diagnoses included cervical sprain, lumbar sprain, bilateral shoulder surgery, left wrist carpal tunnel syndrome, hypertension, obesity, depression, insomnia, and partial thickness tear of the distal supraspinatus tendon of the left shoulder. The treatment plan included counseling on weight reduction, counseling on healthy diet, and recommendation to join a gym and attend on a regular basis. There was no rationale or request for authorization in this injured worker's chart.

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 cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Diabetes, Lifestyle (diet & exercise) modifications

Decision rationale: The Official Disability Guidelines recommend lifestyle modifications including diet and exercise as first line interventions. Reduction of obesity and an active lifestyle can have major benefits. A low carbohydrate diet is better than a conventional low calorie diet.

Comparing 3 different diets, a low fat diet, a low glycemic index diet, and a low carbohydrate diet, it was found that participants use up most energy with the low carbohydrate diet, but there was metabolic disadvantages to this approach and the low glycemic index diet was recommended. The low fat diet resulted in the worst outcomes. The low glycemic index diet is best for weight loss and cardiovascular disease prevention. The need for a weight loss program was not clearly demonstrated in the submitted documentation. Therefore, the request for a weight loss program is not medically necessary or appropriate.