

Case Number:	CM13-0036652		
Date Assigned:	06/20/2014	Date of Injury:	07/08/2011
Decision Date:	08/07/2014	UR Denial Date:	10/09/2013
Priority:	Standard	Application Received:	10/21/2013

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 Family Medicine and is licensed to practice in North Carolina. 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 claimant has a date of injury of 7/8/2011 with a claim accepted by the carrier for the feet because of chronic plantar fasciitis related to cumulative standing. She has been referred to a podiatrist, pain management specialist, and has been treated with orthotics. A weight gain from her pre-injury weight of 170-185 to a present weight of 209 is noted and the current request is for a [REDACTED] or [REDACTED] program because of worsened diabetic control and obesity. The original UR decision denied an open ended request for a weight loss program and certified a 3 month weight loss program.

IMR ISSUES, DECISIONS AND RATIONALES

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

[REDACTED] or [REDACTED] **Weight Loss Program QTY: 1.00:** Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Work Loss Data Institute, Official Disability Guidelines (ODG) Treatment in Workers Compensation, 5th Edition, 2007 or current year. Diabetes (Type 1, 2 and Gestational). Lifestyle (diet & exercise) modifications.

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

Decision rationale: The ODG section on diabetes clearly endorses the use of structured nutritional programs to promote weight loss for better control of diabetes. It is clinically reasonable to expect that this would also be medically helpful for control of plantar fasciitis. Participation for three months in a structured weight loss program such as [REDACTED] or [REDACTED] would be expected to produce a weight loss which would allow the claimant to return to her pre-injury weight. However, the original UR decision previously certified a time limited 3 month [REDACTED] program. As such, the current request is not medically necessary and appropriate.