

Case Number:	CM13-0039394		
Date Assigned:	12/18/2013	Date of Injury:	04/25/2010
Decision Date:	02/19/2014	UR Denial Date:	10/07/2013
Priority:	Standard	Application Received:	10/28/2013

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 Pain Management, has a subspecialty in Disability Evaluation 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 44-year-old, right hand dominant female with a complex three-year history of chronic pain symptoms involving the hands, upper extremities and right shoulder. The patient originally became symptomatic around the right wrist and hand while working as a unit clerk at [REDACTED] starting in 2010. It appears that she developed repetitive strain-type symptoms while doing computer work, as well as opening and closing binders on a repetitive basis. Symptoms got acutely worsened and became more a severe, sharp, shooting pain. She was evaluated by physicians and was diagnosed with De Quervain's tenosynovitis and went on to have surgery for that particular problem. Unfortunately, she did not respond well to the surgery and had problems with pain and immobility of her right thumb. She went on to have right carpal tunnel release surgery and also a third surgery was done around the right wrist to improve the situation with her thumb. She developed signs and symptoms of neuropathic pain, including sharp, shooting pain extending up her right arm into her shoulder. She started to experience color and temperature changes of the skin and became more sensitive. She was diagnosed with Complex Regional Pain Syndrome (CRPS). She continues to have color and temperature changes of the skin and sensitivity of the skin, primarily around the right hand and forearm. She has also been experiencing increasing pain around the left hand and wrist as well. In addition to multiple surgeries she has had physical therapy acupuncture and various medications trials, none of which helped much. In the agreed medical evaluation dated 6/13/2013, the examiner noted as follows: General Appearance: This is a well-developed, well-nourished female in no acute distress. She is pleasant and cooperative. She is 5'5" tall and weighs 300 pound. This is a significant increase in her weight since our last visit in October 2012 at which time she weighed 271 pound. Her

IMR ISSUES, DECISIONS AND RATIONALES

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

quantity one: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Tsai, AG and Wadden, TA. Systematic Review: An Evaluation of Major Commercial Weight Loss Programs in the United States. Ann Int Med. 142:56-66

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Obesity Education Initiative of the National Heart, Lung, and Blood Institute (NHLBI).

Decision rationale: CA-MTUS (Effective July 18, 2009) is mute on this topic. Physician-supervised weight-loss programs provides treatment in a clinical setting with a licensed healthcare professional, such as a medical doctor, nurse, nurse practitioner, physician assistant, registered dietitian and/or a psychologist. These programs typically offer services such as nutrition and physical activity counseling and behavioral therapy. In 1995, the National Obesity Education Initiative of the National Heart, Lung, and Blood Institute (NHLBI), in cooperation with the National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK), convened the first Expert Panel on the Identification, Evaluation, and Treatment of Overweight and Obesity in Adults to develop clinical practice guidelines for primary care practitioners. The guideline laid down the following parameters: "Overweight is here defined as a body mass index (BMI) of 25 to 29.9 kg/m² and obesity as a BMI of \geq 30 kg/m². However, overweight and obesity are not mutually exclusive, since obese persons are also overweight. A BMI of 30 is about 30 lb overweight and equivalent to 221 lb in a 6'0" person and to 186 lb in one 5'6". The number of overweight and obese men and women has risen since 1960; in the last decade the percentage of people in these categories has increased to 54.9 percent of adults age 20 years or older. Overweight and obesity are especially evident in some minority groups, as well as in those with lower incomes and less education. Clinical Guidelines Treatment of the overweight or obese patient is a two-step process: assessment and treatment management. Assessment requires determination of the degree of overweight and overall risk status. Management includes both reducing excess body weight and instituting other measures to control accompanying risk factors. Goals of Weight Loss and Management The initial goal of weight loss therapy is to reduce body weight by approximately 10 percent from baseline. If this goal is achieved, further weight loss can be attempted, if indicated through further evaluation. A reasonable time line for a 10 percent reduction in body weight is 6 months of therapy. For overweight patients with BMIs in the typical range of 27 to 35, a decrease of 300 to 500 kcal/day will result in weight losses of about 1 to 2 lb/week and a 10 percent loss in 6 months. For more severely obese patients with BMIs > 35, deficits of up to 500 to 1,000 kcal/day will lead to weight losses of about 1 to 2 lb/week and a 10 percent weight loss in 6 months. Weight loss at the rate of 1 to 2 lb/week (calorie deficit of 500 to 1,000 kcal/day) commonly occurs for up to 6 months. After 6 months, the rate of weight loss usually declines and weight plateaus because of a lesser energy expenditure at the lower weight. Experience reveals that lost weight usually will be regained

unless a weight maintenance program consisting of dietary therapy, physical activity, and behavior therapy is continue