

Case Number:	CM13-0053398		
Date Assigned:	12/30/2013	Date of Injury:	01/21/2005
Decision Date:	03/10/2014	UR Denial Date:	10/30/2013
Priority:	Standard	Application Received:	11/18/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Management, 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 53 year old female with date of injury 01/25/05. The listed diagnoses dated 10/11/13 are: GERD, Chronic pain involving left upper extremity, neck and upper back, Status post left shoulder surgery (2005), Status post left ulnar nerve surgery (02/10 and 04/10), Marked obesity, Depression, Medication induced constipation, Medication induced xerostomia . According to progress report dated 10/11/13, the patient is currently on [REDACTED] and she will need to discontinue because she is unable to afford it. She is losing weight with the program and is less constipated, sleeping a little better but pain levels are still substantial. She reports no chest pain, no dyspnea and no cardiac palpitations. Objective findings show patient is alert, well oriented and well hydrated. Patient is 5 ft 3in tall and weighing 214 lbs. No jugular venous distention of the neck. Lungs are clear. Regular rhythm with no murmurs, gallops or rubs detected in the heart. The physician is requesting [REDACTED] program for weight loss.

IMR ISSUES, DECISIONS AND RATIONALES

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

Weight watchers 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 Medical Treatment Guideline or Medical Evidence: Weight loss program.

Decision rationale: This patient presents with GERD, chronic pain involving left upper extremity, neck and upper back. The patient is status post left shoulder surgery from 2005 and left ulnar nerve surgery in 2010. Patient is obese. The physician is requesting [REDACTED] Program for weight loss. MTUS guidelines p46, 47 recommends exercise, but states: "There is no sufficient evidence to support the recommendation of any particular exercise regimen over any other exercise regimen." Progress report dated 08/15/13 by [REDACTED] notes "Patient will have to stop weight watchers soon because she can't afford it." She has lost 6lbs from her last visit. There was no discussion of BMI, specific weight loss goals and program duration. Based on height and weight, her BMI calculates to 37.9 and would benefit from supervised weight loss program. However, in this, the physician does not specify the duration of the request. Without this, an open ended request cannot be considered. Recommendation is for denial. .