

Case Number:	CM13-0053549		
Date Assigned:	12/30/2013	Date of Injury:	11/29/2000
Decision Date:	03/18/2014	UR Denial Date:	11/01/2013
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 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 73-year-old injured worker who reported an injury on 11/29/2000 due to a slip and fall that reportedly caused injury to multiple body parts. Previous treatments have included a right total knee replacement, aqua therapy, and multiple medications. Treatment recommendations for this patient included consideration for a total left knee replacement, continuation of aquatic therapy, and establishment of a weight loss reduction program.

IMR ISSUES, DECISIONS AND RATIONALES

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

food order for an additional 3 months: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation
http://www.aetna.com/cpb/medical/data/1_99/0039.html

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 Official Disability Guidelines do recommend supervised weight management program after the patient has failed to self manage a nutritional program and weight loss program. The clinical documentation submitted for review does not provide any evidence

that the patient has attempted to self manage nutritional intake to support a weight loss program. Therefore, the purchase of food items for the patient's weight loss program cannot be supported. The request for [REDACTED] food order for an additional 3 months is not medically necessary and appropriate.