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| Case Number: | CM13-0065610 | | |
| Date Assigned: | 01/03/2014 | Date of Injury: | 12/06/2004 |
| Decision Date: | 07/30/2014 | UR Denial Date: | 11/26/2013 |
| Priority: | Standard | Application Received: | 12/13/2013 |

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 Occupational Medicine 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 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:

This is a 47-year-old female with a date of injury of 12/6/04. She was diagnosed with bilateral carpal tunnel syndrome. It was documented that the patient has had several injuries since the 12/5/04 date of injury, to her lower back and knees. On 11/8/13, she complained of stiffness, achiness and discomfort in her bilateral knees, as well as discomfort in her low back and cervical spine with shooting pain down her buttocks bilaterally. On exam, bilateral knees were tender with restricted range of motion, and lumbar and cervical spine revealed muscle tenderness with painful range of motion. The diagnostic impression is cervical spine degenerative disc disease, status post bilateral knee surgery with residual pain, low back pain with radicular symptoms to lower extremities. Treatment to date includes medication management, dietary weight loss recommendations, physical therapy, and surgery. A UR decision dated 11/26/13 denied a request for a weight loss program. The documentation does not provide her current body mass index (BMI), or failure of traditional dietary modification and exercise routines to facilitate weight loss. In addition, the documentation does not describe comorbidities that would suggest the need of medical supervision with weight loss.

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 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 Annals of Internal Medicine, Volume 142, pages 1-42, January 2005 "Evaluation of the Major Commercial Weight Loss Programs." by Tsai, AG and Wadden, TA; Aetna Clinical Policy Bulletin: Weight Reduction Medications and Programs.

Decision rationale: The Aetna Clinical Policy Bulletin states that physician supervised weight loss programs are reasonable in patients who have a documented history of failure to maintain their weight at 20 % or less above ideal or at or below a BMI of 27 when the following criteria are met: BMI greater than or equal to 30 kg/m; or a BMI greater than or equal to 27 and less than 30 kg/m and one or more of the following comorbid conditions: coronary artery disease, diabetes mellitus type 2, hypertension (systolic blood pressure greater than or equal to 140 mm Hg or diastolic blood pressure greater than or equal to 90 mm Hg on more than one occasion), obesity-hypoventilation syndrome (Pickwickian syndrome), obstructive sleep apnea, or dyslipidemia (HDL cholesterol less than 35 mg/dL ; or LDL cholesterol greater than or equal to 160 mg/dL; or serum triglyceride levels greater than or equal to 400 mg/dL. However, there is no documentation of the patient's height; therefore, a current BMI cannot be obtained. The last documented weight of 294 lbs was obtained on 9/10/13. In addition, there is no documentation of failure of diet and home exercise programs. The current request does not indicate the duration of time being requested for the program. Therefore, the request is not medically necessary and appropriate.