

Case Number:	CM13-0068019		
Date Assigned:	01/03/2014	Date of Injury:	06/10/2011
Decision Date:	06/02/2014	UR Denial Date:	11/25/2013
Priority:	Standard	Application Received:	12/19/2013

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 Physical Medicine & Rehabilitation and is licensed to practice in Illinois. 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 injured worker is a 33-year-old female who reported an injury on 05/28/2011. The mechanism of injury was not stated. Current diagnoses include carpal tunnel syndrome, cervical spine radiculitis, rule out cervical spine disc injury, digestive problem, and thoracic outlet syndrome. The injured worker was evaluated on 11/07/2013. The injured worker reported ongoing neck pain and bilateral shoulder pain with numbness and tingling in bilateral upper extremities. Physical examination revealed tenderness to the cervical paravertebral muscles and upper extremities with diminished sensation in bilateral hands, as well as limited and painful range of motion of the cervical spine. Treatment recommendations included a medically managed weight loss program.

IMR ISSUES, DECISIONS AND RATIONALES

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

MEDICAL MANAGEMENT WEIGHT LOSS PROGRAM: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation I Am Diet Association; Weight Loss Outcomes.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 7.

Decision rationale: The California MTUS Guidelines state functional restoration is an established treatment approach that aims to minimize the residual complaints and disability resulting from acute and/or chronic medical conditions. Independent self management is the long-term goal of all forms of functional restoration. As per the documentation submitted, there is no indication that this injured worker has tried and failed weight loss with diet and exercise prior to the request for a supervised weight loss program. Therefore, the medical necessity has not been established. As such, the request is not medically necessary.