MAXIMUS Federal Services

Case Number:	CM14-0002425		
Date Assigned:	01/24/2014	Date of Injury:	09/08/2012
Decision Date:	06/13/2014	UR Denial Date:	12/06/2013
Priority:	Standard	Application Received:	01/07/2014

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 Internal 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:

The injured worker is a 54 year old female with a reported date of injury on 09/08/2012. The mechanism of injury was reported as a fall. According to the clinical note dated 11/04/2013 the injured worker complained of pain and swelling in her ankle and stated that she had gained "significant" weight since her injury. According to the clinical note dated 12/16/2013 stated the injured worker weighed 190 pounds, and in October of 2012 she weighed 182 pounds. According to the preoperative note dated 01/14/2014 the injured worker weighed 187 pounds, and the left ankle arthroscopy was performed on that date. The injured worker's medication regimen included cervical spine degenerative changes, right hand sprain, lumbar spine sprain, left knee lateral meniscus tear, left ankle longitudinal tear, and non-orthopedic issues including occasional chest pain and inability to sleep. The injured worker's medication regimen included Flexeril, Terocin cream and Lidoderm patches. The request for authorization for a weight loss program was submitted on 01/02/2014.

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 AMA Guide To The Evaluation Of Disease And Injury Causation, 2 nd Edition, 2013, Chapter 10, Page 357

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Adam Gilden Tsai Md, Msce, Thomas A. Wadden Phd (2009). Treatment Of Obesity In Primary Care Practice In The United States: A Systematic Review, Journal Of General Internal Medicine.

Decision rationale: Studies indicate current evidence does not support the use of low- to moderate-intensity physician counseling for obesity, by itself, to achieve clinically meaningful weight loss. While PCP counseling plus pharmacotherapy, or intensive counseling (from a dietitian or nurse) plus meal replacements may help patients achieve this goal; however, further research is needed on different models of managing obesity in primary care practice. According to the preoperative note dated 01/14/2014 the injured worker weighed 187 pounds, and the left ankle arthroscopy was performed on that date. The clinical information provided for review lacks documentation of the injured worker's current weight or atempts to lose weight to support the medical necessity of a weight loss program. As such, the request is not medically necessary or appropriate.