

Case Number:	CM14-0005432		
Date Assigned:	01/24/2014	Date of Injury:	07/14/2010
Decision Date:	06/25/2014	UR Denial Date:	12/30/2013
Priority:	Standard	Application Received:	01/15/2014

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 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 43-year-old male with a 7/14/10 date of injury. He was a construction worker who tripped over his client's foot stool while carrying groceries and fractured his right ankle. Office note dated 12/12/13; the patient is noted to have gained quite a bit of weight. Prior to the surgery, his weight was 230 pounds and now he weighs 376 pounds. He complains of pain in his right ankle and has difficulty ambulating and is unable to climb one flight of stairs. He has a diagnosis of hypertension. Objective: he is 5'8". He has 3+ pitting edema bilaterally to lower extremities. An appeal note dated 1/21/14 indicated the patient needs help in most self-care activities. He requires the use of a cane for ambulation. He developed an infection after the initial ORIF. The patient did a trial of diet and exercise in the past and was able to lose some weight for about 4 to 5 months but could not sustain it. He was become completely inactive. They recommend 6 months of a weight loss program. Diagnostic Impression: Bimalleolar fracture of the right ankle, Morbid Obesity, and history of cardiac disease. Treatment-to-date: acupuncture, medication management, ORIF of right ankle fracture in 2010, PT.

IMR ISSUES, DECISIONS AND RATIONALES

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

WEIGHT LOSS PROGRAM: Overturned

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 Other Medical Treatment Guideline or Medical Evidence: 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: CA MTUS and ODG do not address this issue. 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/m²; or a BMI greater than or equal to 27 and less than 30 kg/m² 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, weight loss is medically necessary because morbid obesity is a recognized Public Health and CDC identified health risk. This patient is documented to be 5'8" and 376 pounds. His BMI is 57.16, which far exceeds the ideal body weight recommendations of less than 27. He has significant co-morbidities including coronary artery disease, hypertension, and questionable history of CHF. In addition, he has tried and failed diet and exercise programs, and now is having difficulty ambulating and requires the use of a cane. He sustained an ankle fracture in July of 2010 that required an ORIF that subsequently got infected, and now has chronic ankle pain. In addition, he was documented to weigh 230 pounds prior to the injury, and now weighs 376 pounds, which is a very significant increase in weight. The physician notes in the appeal document that he would like a trial of the weight loss program for 6 months. This request, as submitted, is medically necessary.