

Case Number:	CM14-0006328		
Date Assigned:	02/07/2014	Date of Injury:	03/15/2011
Decision Date:	06/30/2014	UR Denial Date:	12/27/2013
Priority:	Standard	Application Received:	01/16/2014

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 Anesthesiology, has a subspecialty in Pain Management 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:

Patient is a 30-year-old female who has submitted a claim for bilateral carpal tunnel syndrome and cubital tunnel syndrome s/p right open carpal tunnel release on 8/8/2011, obese, associated with an industrial injury date of 3/15/2011. Medical records from 2012 to 2013 were reviewed which revealed constant pain in both elbows extending to little fingers and ring fingers. Pain is aggravated by doing activities of daily living and relieved by rest. Occasional paresthesias over left ring and little finger were noted. Physical examination of elbow showed 0 degree on both elbow extension, 140 degrees on both elbow flexion, 90 degrees on both elbow supination and 80 degrees on both elbow pronation. Wrist range of motion showed 50 degrees on both wrist flexion, 30 degrees on both ulnar deviation and 20 degrees on both radial deviation. No upper extremity swelling was noted. Tinel, Adson, Phalen and Finkelstein tests were all negative bilaterally. Tenderness was noted over bilateral ulnar groove and medial epicondyles. Patient's weight was 220 lbs, height of 5'3" with a BMI of 39.06 kg/m². EMG of bilateral upper extremities done on 6/13/12 showed mild to moderate right ulnar entrapment neuropathy of elbow and severe left ulnar entrapment neuropathy. Treatment to date has included carpal tunnel release, right cubital tunnel release and braces. Medication taken was Motrin 800mg for breakthrough pain. Utilization review from 12/27/13 denied the request for [REDACTED] weight loss program because there is limited evidence that support the superiority of weight reduction program over the conventional weight loss prescription of proper diet and exercise.

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 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: The CA MTUS does not specifically address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers Compensation, the Annals of Internal Medicine, was used instead. As stated on Annals of Internal Medicine, Volume 142, pages 1-42, 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 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 with one or more comorbid conditions. These include: coronary artery disease, diabetes mellitus type 2, hypertension, obesity-hypoventilation syndrome, obstructive sleep apnea, or dyslipidemia. In this case, patient's weight was 220 lbs, height of 5'3" with a BMI of 39.06 kg/m². Progress report, dated 12/10/13, mentioned that she was unable to lose weight on her own. Increasing obesity will hinder out attempts of curing the upper extremity entrapment neuropathy with a higher risk of recurrent disease. However, it is unclear if the patient has tried lifestyle modifications, such as, diet and exercise. Moreover, the request failed to specify the duration of time of her enrollment to the program. Guidelines have not been met. Therefore, the request for ██████████ WEIGHT LOSS PROGRAM is not medically necessary.