MAXIMUS Federal Services

Case Number:	CM14-0109575		
Date Assigned:	08/01/2014	Date of Injury:	02/20/2008
Decision Date:	09/25/2014	UR Denial Date:	06/17/2014
Priority:	Standard	Application Received:	07/15/2014

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 Anesthesiology, has a subspecialty in Pain 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 patient is a 60-year-old female with a 02/20/08 date of injury. Progress report dated 06/25/14 states that the patient complains of pain in neck, back, right shoulder, left ankle and left knee. Left knee and right shoulder pain at 5/10, left ankle 7/10, neck and back 10/10. Also complains of right knee pain. She has improved with Synvisc injections. She states that oxycodone and Tylenol are helping. She is not attending therapy. She is working. Objective findings state height 5'5 1/2", weight 266 lbs. tenderness, muscle spasm, limited range of motion present in cervical spine. Decreased sensation at C5-C6 dermatomes. Positive impingement signs in the right shoulder. Left knee swelling, McMurray's test positive. The patellar grind maneuver is positive.Multilevel cervical disk desiccation and bulging, thoracic strain, multilevel lumbar disk desiccation and bulging and mild stenosis at L5-S1. Right shoulder bursitis with impingement, status post left knee arthroscopy, left ankle sprain, insomnia, obesity, right knee pain. The request is for [redacted] weight loss program for the patient's knee pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

[redacted] **weight loss program:** Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Snow V, Barry P, Fetterman N, Qaseem A, Weiss K,:Pharmacologic and surgical management of obesity in primary care: a clinical practice

guideline from the American College of Physicians. Ann Intern Med 2005 Apr 5;142(7):525-31 Obesity Management.

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:Aetna Clinical Policy Bulletin.

Decision rationale: CA MTUS and ODG do not address this issue.Aetna considers medically necessary physician supervision of weight reduction programs (i.e., effective, appropriate, and essential diagnostic and therapeutic services) for members 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 Member has a BMI greater than or equal to 30 kg/m.The patient's BMI per 06/25/14 progress report equals 42.6. Patient, therefore, meets the criteria for the physician supervised weight loss program. A quick review of [redacted] weight loss program web site reveals that it is physician supervised. However, since the duration of the program requested is not specified, the request is recommended for Non-certification.