

Case Number:	CM14-0013428		
Date Assigned:	02/26/2014	Date of Injury:	06/13/2011
Decision Date:	07/11/2014	UR Denial Date:	01/24/2014
Priority:	Standard	Application Received:	02/03/2014

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 Physical Medicine & Rehabilitation, 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 62-year-old male with a 6/13/11 date of injury. On 1/16/14, the patient had right shoulder pain, low back pain which radiates to his right buttock and bilateral knee pain. Objective exam showed right shoulder tenderness over the acromioclavicular (AC) joint, and supraspinatus tendon, right shoulder crepitus, and bilateral knee tenderness. The plan of care indicates that a weight loss program is requested to decrease stress in the lumbar spine and bilateral knees. The diagnostic impression include cervical sprain and lumbar sprain. The treatment to date: medication management, activity modification. A utilization review decision dated 1/24/14 denied the request for the weight loss program. The reason for denial was not provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE TEN-WEEK WEIGHT LOSS PROGRAM WITH [REDACTED]: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Washington State Department of Labor and Industries; Medical Aid Rules & Fee Schedules Guidelines, Professional Services 7/1/09, Chapter 20, pgs. 20-3 and 20-4.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Annals of Internal Medicine, Volume 142, pages 1-42,

January 2005 Evaluation of the Major Commercial Weight Loss Programs. by Tsai, A. G. and Wadden, T.A.; Aetna Clinical Policy Bulletin: Weight Reduction Medications and Programs.

Decision rationale: The CA MTUS and Official Disability Guidelines (ODG) do not address this issue. The literature states that 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 body mass index (BMI) of 27 when the following criteria are met: BMI greater than or equal to 30 kg/m; or a BMI greater than or equal to 27 and less than 30 kg/m 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 Centers for Disease Control and Prevention (CDC) identified health risk. However, there is no connection between the obesity and the industrial injury or its treatment. Additionally, there is no scientific proof that weight loss is medically necessary to treat complaints of neither back pain nor post-operative ankle injuries. In addition, the patient has not been noted to have failed an independent diet and exercise program. There is no recent documentation of the patient's current height and weight, or BMI. Therefore, the request for One Ten-Week Weight Loss Program with [REDACTED] is not medically necessary.