

Case Number:	CM14-0016805		
Date Assigned:	04/11/2014	Date of Injury:	07/14/2010
Decision Date:	05/29/2014	UR Denial Date:	01/31/2014
Priority:	Standard	Application Received:	02/10/2014

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:

The patient is a 43 year old male who was injured on 07/14/2010 while he was unloading some groceries out of a car for one of his clients; he tripped and broke his right ankle. Prior treatment history has included physical therapy. The patient underwent ORIF of the right lateral malleolus on 07/16/2010. Visit note dated 02/07/2014 reports the patient presents with chronic right ankle pain. The patient denies any acute changes to his pain condition since the last visit. He continues to have right ankle pain and utilizes a single-point cane to assist with ambulation. Objective findings on exam revealed the patient is a well-developed, well-nourished, and in no cardiorespiratory distress. The patient was cooperative. The patient's mood and affect was appropriate. There was no evidence of sedation. The patient's gait was antalgic and the patient ambulated into the room with assistance of a single point cane. He is taking Buprenorphine, Carvedilol, Enalapril Maleate, and Furosemide. Diagnosis is pain in the ankle joint/foot. UR note dated 01/21/2014 states the patient has gained quite a bit of weight. He apparently weighed 230 lbs prior to the injury and at this time, he weighed in at 376 lbs. He needs help every day in most aspects of his personal self-care. He can only lift very light objects. He can only walk a limited distance or use an assistive device. He can do extremely light to no activity for 2 minutes. He is unable to climb one flight of stairs. He is unable to sit for 30 minutes to 1 hour. He is unable to stand or walk for 2 hours. He is unable to reach and grasp things at eye level. He has a lot of difficulty reaching and grasping things overhead. He is unable to do pushing or pulling activities. He is unable to grip, grasp, hold and manipulate objects. He is unable to do repetitive motions such as typing on a computer. He has a lot of difficulty with forceful activities using his hands. He is unable to kneel, bend or squat. His sleep is completely disturbed 5 to 7 hours nightly since the injury. The patient reports that he continues to have chronic right ankle pain that is worse with increased walking or with prolonged standing. The

patient reports he utilizes a single point cane in order to assist with ambulation. On exam, his right ankle revealed a well-healed surgical scar with a large keloid over the lateral aspect of the right fibula and ankle. Palpation of the scar and the area around the scar was painful. Range of motion of the ankles was quite limited bilaterally because of the significant edema. He had 3+ to 4+ pitting edema all the way to his mid thighs bilaterally. The plan is a weight loss program. He states that he did a trial diet and exercise in the past and was able to lose weight for about 4-5 months but the patient states that he could not sustain it. A referral for [REDACTED] has been tried but [REDACTED] is no longer taking Workers' Compensation patients into their weight management program. Since the injury, he has become completely inactive and it is believed that within reasonable medical probability that all of his weight-gain since the injury is secondary to his industrial accident. His height is 5 foot 8 inches, with a BMI of 57.2 which puts him in the obese category. This gentleman needs a medically supervised weight loss program at [REDACTED]. He does need a medically supervised weight loss program because of his history of myocardial infarction and congestive heart failure.

IMR ISSUES, DECISIONS AND RATIONALES

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

OUTPATIENT MEDICALLY SUPERVISED WEIGHT LOSS PROGRAM FOR SIX MONTHS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation EVALAUATION OF THE MAJOR COMMERCIAL WEIGHT LOSS PROGRAM BY A. G. TSAI AND T. A. WADDEN.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Exercise Page(s): 47. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence, Center for Disease Control and Prevention (CDC), 2011, "Losing Weight: What is healthy weight loss?".

Decision rationale: CA MTUS guidelines do not specifically address a weight loss program, but the exercise guidelines indicate that active treatment, cognitive behavioral treatment along with strength training, stretching and progressive walking can have long term benefits. As per the referenced guidelines, lifestyle change and reduced caloric intake are essential to successful weight loss. In this case, there is documentation of increased weight from 230 lbs to 376 lbs since dated of injury 07/14/2010. They patient was able to achieve weight some weight loss for 4 to 5 months with diet and exercise in the past but could not sustain it. Further details not provided. Weight loss appears to be medically necessary in this case given morbid obesity and history of myocardial infarction in the past year. However, according to medical records, there does not appear to have been basic education, instruction, or attempt at weight loss through simple dietary and exercise measures overseen by the primary treating physician. This would be a logical first step prior to consideration for a medically- supervised weight loss program. Medical necessity is not established, therefore the request is not medically necessary and appropriate.