

Case Number:	CM14-0114877		
Date Assigned:	08/04/2014	Date of Injury:	07/03/2012
Decision Date:	09/25/2014	UR Denial Date:	07/07/2014
Priority:	Standard	Application Received:	07/22/2014

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 and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Florida and New York. 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 injured worker is a 47 year old male who was reportedly injured on 06/03/2010. The mechanism of injury was not listed in the records reviewed. Current diagnoses are status post arthroscopic surgery of the left shoulder, cervical left sided radiculopathy. Treatment has included a left shoulder arthroscopy surgery in January of 2013, C7-T1 epidural steroid injection dated 06/02/2014, chiropractic care, medications and diagnostics. The last progress report dated 06/16/2014 noted subjective complaints of pain in the neck and left upper extremity with numbness and tingling intermittently in the left hand. Activities of pulling and pushing increase pain. Stiffness reported in the neck and shoulder. Objective findings noted the injured worker is 350 pounds (the injured worker has gained 50 pounds since the accident), 5 feet 7 inches tall. Generalized tenderness around the paracervical muscles extending to the trapezium, supraspinatus and deltoid is noted. The injured workers' body habit of being morbidly obese would make the cervical spine surgery very difficult in regards to further treating the neck aggressively. A request was made for Weight Loss Program Evaluation and was not certified in the pre-authorization process on 05/23/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Weight Loss Program Evaluation.: 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:U.S. Preventative Services, Screening for and management of obesity in adults: Ann Intern Med. 2012 September 4; 157(5):373-8.

Decision rationale: It was noted that this injured worker would benefit from a weight loss program because the claimant's habitus made it difficult to treat her neck aggressively. The claimant's previous attempts at weight loss, if any, were not documented and the features of the requested program were not documented. In light of this the denial of the request is not medically necessary.