

Case Number:	CM14-0127587		
Date Assigned:	08/15/2014	Date of Injury:	09/13/2012
Decision Date:	09/15/2014	UR Denial Date:	07/11/2014
Priority:	Standard	Application Received:	08/12/2014

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 and is licensed to practice in Nevada. 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 records presented for review indicate that this 44-year-old gentleman was reportedly injured on September 13, 2012. The mechanism of injury is not listed in these records reviewed. The most recent progress note, dated June 16, 2014, indicates that there are ongoing complaints of left heel pain with prolonged walking. Pain was stated to be worse in the morning. Medications include Vicodin on an as needed basis. The physical examination demonstrated a well healed surgical incision with tenderness. Diagnostic imaging studies were not reviewed during this visit. Previous treatment includes a left foot surgery for plantar fasciitis and 24 visits of physical therapy. A request had been made for a referral to a weight loss program and was not certified in the pre-authorization process on July 11, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Referral to weight loss program: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management. Decision based on Non-MTUS Citation AETNA Weight loss strategies and programs <http://aetna-health.healthline.com/smartsources/healthwisecontent/Special/hw252864/aa51086>.

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: Meta-analysis of the Efficacy of Weight Loss Programs, (Tsai and Wilson, 2005).

Decision rationale: Per the cited guidelines, weight loss is a lifestyle issue that relates to calories consumed and calories expended. Counseling for diet and exercise as well as behavioral therapies are the mainstays of treatment of obesity. The injured employee may need to be monitored for several weeks for compliance and effectiveness of a self-motivated weight loss program. However, weight loss is not necessarily a medical necessity. Therefore, the request is deemed not medically necessary.