

Case Number:	CM14-0138672		
Date Assigned:	09/05/2014	Date of Injury:	07/03/2011
Decision Date:	09/29/2014	UR Denial Date:	08/11/2014
Priority:	Standard	Application Received:	08/27/2014

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:

Per the records provided, the patient was described as a 62-year-old man who was injured on July 3, 2011. There were injuries to the low back, the right hip and the right knee after tripping on electrical wiring and falling. Treatment to date included physical therapy 14 visits in 2011, an magnetic resonance imaging (MRI) of the right shoulder, and acromioplasty and excision of the distal clavicle with inspection of the rotator cuff of the right shoulder, and a January 23, 2012 right shoulder arthroscopy/rotator cuff repair/biceps tendon release and subacromial decompression. 20 sessions a postoperative physical therapy (PT) was noted. The patient also had epidural steroid injections and oxygen therapy was also approved. An Agreed Medical Evaluation advised weight loss to aid in performing a knee replacement therefore the doctor was now requesting a weight loss program. The previous reviewer noted the patient is morbidly obese and needs to lose weight but the literature does not support the commercial weight loss programs over other forms of weight loss.

IMR ISSUES, DECISIONS AND RATIONALES

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

Weight Loss Program: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Journal of Primary Care; Community Health October 2012 vol. 3 no. 251-255; U.S. Preventive Services Task Force (USPSTF), Guidelines for Screening.

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. Medical Disability Advisor, under Obesity and weight loss.

Decision rationale: Both the American College of Occupational and Environmental Medicine (ACOEM) and the Official Disability Guidelines (ODG)-TWC guides are silent on opinions regarding weight loss. The Medical Disability Advisor, notes many ways to lose weight: "The five medically accepted treatment modalities are diet modification, exercise, behavior modification, drug therapy, and surgery. All these modalities, alone or in combination, are capable of inducing weight loss sufficient to produce significant health benefits in many obese individuals. Calorie restriction has remained the cornerstone of the treatment of obesity. The standard dietary recommendations for losing weight include reducing total calorie intake to 1,200 to 1,500 calories per day for women, and to 1,500 to 1,800 calories per day for men ("Obesity"). Saturated fats should be avoided in favor of unsaturated fats, but the low-calorie diet should remain balanced. Keeping a food journal of food and drink intake each day helps individuals to stay on track. The addition of an exercise program to diet modification results in more weight loss than dieting alone and seems especially helpful in maintaining weight loss and preserving lean body mass. Moderate activity (walking, cycling up to 12 miles per hour) should be performed for at least 30 minutes per day, 5 days a week or more. Vigorous activity that increases the heart rate (jogging, cycling faster than 12 miles per hour, and playing sports) should occur for at least 20 minutes, 3 days a week or more. Although vigorous workouts do not immediately burn great numbers of calories, the metabolism remains elevated after exercise. The more strenuous the exercise, the longer the metabolism continues to burn calories before returning to its resting level. Although the calories lost during the postexercise period are not high, over time they may count significantly for maintaining a healthy weight. Included in any regimen should be resistance or strength training 3 or 4 times a week. Even moderate regular exercise helps improve insulin sensitivity and in turn helps prevent heart disease and diabetes. Exercising regularly is critical because it improves psychological well-being, replaces sedentary habits that usually lead to snacking, and may act as a mild appetite suppressant. Behavior modification for obesity refers to a set of principles and techniques designed to modify eating habits and physical activity. It is most helpful for mildly to moderately obese individuals. One frequently used form of behavior modification called cognitive therapy is very useful in preventing relapse after initial weight loss." None of these MDA measures require a formal program; therefore, it is not possible to say a formal program is a necessary measure to lose weight in this patient. A weight loss program is not necessary to achieve weight loss; there are many no to low cost programs available in the United States to help people in weight loss efforts, such that a formal program would not be medically necessary. Therefore, the weight loss program request is not clinically certified as being an essential program for injury management.