

Case Number:	CM14-0143410		
Date Assigned:	09/10/2014	Date of Injury:	06/30/2012
Decision Date:	11/03/2014	UR Denial Date:	08/22/2014
Priority:	Standard	Application Received:	09/04/2014

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:

The injured worker is a 45 year old female with a date of injury on 6/30/2012. It was indicated in the February 26, 2014 initial orthopedic evaluation that on that date, she was walking down the aisle when she rolled her left ankle. As she was falling she felt a pop and burn around her left ankle. She was diagnosed with (a) ankle, foot pain in joint; (b) status post left ankle surgery in March 2013; and (c) tenosynovitis of the foot and or ankle. In the most recent evaluation dated August 19, 2014 it was indicated that she complained of right elbow and left ankle pain which she rated to be at 5 out of 10 on the pain scale. Objective findings to the left lower extremity included tenderness and limited range of motion in the ankle. 1-2+ edema were noted bilaterally. She was recommended to undergo a Doppler ultrasound scan to rule out deep vein thrombosis. Her medications were refilled. She was to continue with her home exercise program and the utilization of a transcutaneous electrical nerve stimulation unit. She was also referred for a weight management program. This is a review of the requested Doppler ultrasound scan and weight management program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Weight management program: 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 The Medical Disability Advisor, Obesity, pages 1505-1506

Decision rationale: Although it is appreciated that the injured worker is morbidly obese as indicated by her body mass index which was at 42.28, medical records failed to indicate her waist-to-hip ratio. There was no documentation of trial and failure of personal attempts of weight loss such as dietary management, self-guided exercises and behavior modification. This is accordance to what is stipulated in the Medical Disability Advisor. The five medically accepted treatment modalities are diet modification, exercise, behavior modification, drug therapy and surgery. Furthermore, it emphasizes that calorie restriction has remained the cornerstone of the treatment of obesity. Therefore, the Weight management program is not medically necessary and appropriate.