

Case Number:	CM14-0169844		
Date Assigned:	10/20/2014	Date of Injury:	03/26/2001
Decision Date:	11/20/2014	UR Denial Date:	10/02/2014
Priority:	Standard	Application Received:	10/14/2014

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 Family Medicine and is licensed to practice in New Jersey. 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 worker is a 76 year old female who was injured on 3/26/2001. She was diagnosed with lumbosacral radiculopathy, shoulder impingement, fibromyalgia, enthesopathy of the wrists/hips/knees/elbows, and cervical radiculopathy. She was treated with oral medications, sleep aids, topical analgesics, acupuncture, injections, and physical therapy. On 8/25/14, the worker was seen by her treating orthopedic physician complaining of her continual low back pain and bilateral knee pain. She reported inability to exercise to help herself lose weight. Physical findings included weight of 208 pounds (BMI 34.6). She was then recommended a "weight loss program".

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 Eastern Illinois University, The Keep 2014 Awards for Excellence in Student Research and Creative Activity Documents, Paper 2

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 1 Prevention Page(s): 11.

Decision rationale: The MTUS ACOEM Guidelines state that strategies based on modification of individual risk factors, (such as improving work fitness, smoking cessation, and weight loss)

may be less certain, more difficult, and possibly less cost-effective. It does not, however, address specific programs of weight loss. In the case of this worker, the need for losing weight is apparent and suggested. However, the request for completing a "weight loss program" is not specific enough in order for the reviewer to measure likelihood of success or not based on studies (or experience) associated with a particular program, which vary widely. Without more specifics included in the request, the weight loss program is deemed not medically necessary.