

Case Number:	CM14-0171235		
Date Assigned:	10/23/2014	Date of Injury:	09/30/1997
Decision Date:	11/21/2014	UR Denial Date:	09/22/2014
Priority:	Standard	Application Received:	10/16/2014

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 Florida. 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 patient is a 48-year-old female who was injured on 09/30/1997 in a trip and fall injury. She was diagnosed with a left lower extremity joint effusion, major depressive disorder, abnormal weight gain, lumbago, lumbosacral spondylosis with out myelopathy, effusion of the forearm joint, and ganglion of joint. She has previously been treated with medications, physical therapy, home exercise program, rhizotomy, and activity modification. She has previously participated in the [REDACTED] weight loss program, and was successful in losing approximately 20 lbs per the provided documentation. Her beginning weight was 255.6 on June 23rd 2014. A note from the [REDACTED] program notes that as of September 17th 2014 the patient had lost 12.7 lbs. An independent medical review has been requested regarding the medical necessity of a "[REDACTED] weight loss program refill" for this patient. The prior utilization reviewer did not certify this request, in part citing the reason for non-certification as, "the request did not specify a duration of treatment."

IMR ISSUES, DECISIONS AND RATIONALES

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

[REDACTED] Weight Loss Program: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation The American Journal of Clinical Nutrition

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: AAFP: American Academy of Family Physicians. Weight loss maintenance. SAMUEL N. GRIEF, MD, University of Illinois at Chicago, Chicago, Illinois. ROSITA L.F. MIRANDA, MD, MS, Clay County Hospital, Flora, Illinois. American Family Physician. 2010 Sep 15;82(6):630-634.

Decision rationale: The MTUS California guideline, ACOEM, and the ODG do not specifically address the [REDACTED] weight loss program. While most medical references (including the American Academy of Family Physicians) will agree that weight loss is beneficial, there are not any scientific studies specifically recognized by the whole of the medical community that show that the [REDACTED] weight loss program gives more successful results than a home diet and exercise program. The specifics of this particular weight loss program were also not discussed in the provided request, as the utilization reviewer also noted. This request for the [REDACTED] weight loss program is not considered medically necessary.