

Case Number:	CM14-0020366		
Date Assigned:	04/25/2014	Date of Injury:	05/17/2010
Decision Date:	07/07/2014	UR Denial Date:	02/04/2014
Priority:	Standard	Application Received:	02/19/2014

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/Preventive 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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain, knee pain, and obesity reportedly associated with an industrial injury of May 17, 2010. Thus far, the applicant has been treated with the following: Analgesic medications; earlier knee arthroscopy; attorney representation; and Synvisc injections for derivative of knee arthritis. In a Utilization Review Report dated February 4, 2014, the claims administrator partially certified request for an eight-week trial of a weight loss program. The claims administrator cited both ACOEM Guidelines, which did not endorse the request at hand, and guidelines from the Medical Disability Advisor in its decision to partially certify the request. The applicant was described as standing 5 feet 4 inches tall and weighing 210 pounds. A March 25, 2014 progress note was notable for an applicant who was down to 210 pounds through dieting of his own accord. The applicant was asked to pursue a [REDACTED] program. Work restrictions were endorsed.

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 cite any medical evidence for its decision.

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

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 1, page 11, strategies based on modification of individual risk factors, such as improving worker fitness, smoking cessation, and weight loss, may be less certain, more difficult, and possibly less cost effective. Thus, ACOEM does not seemingly endorse strategies such as the weight loss programs being proposed here. In this case, the attending provider has not proffered any applicant-specific rationale, narrative, or commentary which would offset the unfavorable ACOEM recommendation. Therefore, the request for weight loss program is not medically necessary.