

Case Number:	CM14-0021146		
Date Assigned:	02/21/2014	Date of Injury:	02/25/2011
Decision Date:	06/24/2014	UR Denial Date:	12/19/2013
Priority:	Standard	Application Received:	01/10/2014

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 Orthopedic Surgery, and is licensed to practice in Mississippi. 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 49-year-old male who was injured on February 25, 2011. Prior treatment has included physical therapy and medications. In reviewing the documentation, a progress note dated September 24, 2013 documents a weight of 164, but the clinician does not indicate if this is pounds or kilograms. Subsequent documentation dated November 19, 2013 indicates the claimant weighs 165 pounds, but again height and Body Mass Index (BMI) are not provided. Multiple progress notes diagnose the claimant with obesity. The claimant endorses gaining 25 pounds since the injury. The utilization review in question was rendered on December 19, 2013. The reviewer noncertified the request for a trial of [REDACTED] indicating there was no documentation that a nutritionist referral was placed to provide counseling on a low-calorie, low-fat diet, and a simple home exercise program. Additionally, the reviewer indicates the current height or body mass index was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

TRIAL OF [REDACTED]: 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 OTHER MEDICAL TREATMENT GUIDELINE OR MEDICAL EVIDENCE: NIH BMI CRITERIA

Decision rationale: The California Medical Treatment Utilization Schedule guidelines are silent with regard to weight loss programs. Based on the clinical documentation provided, there is insufficient information documented to determine medical necessity of the request. Specifically, height of this individual is not provided. A diagnosis of obesity requires a Body Mass Index (BMI) greater than 30. At 165 pounds this individual would need to be shorter than 5 foot 3 to be qualified as obese. The height is not provided and a Body Mass Index (BMI) is not given. As such, the validity of this request cannot be evaluated.