

Case Number:	CM14-0021824		
Date Assigned:	02/24/2014	Date of Injury:	09/04/2003
Decision Date:	06/26/2014	UR Denial Date:	02/07/2014
Priority:	Standard	Application Received:	02/21/2014

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 Internal 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 injured worker is a 54 year old female whose date of injury is 09/04/2003. The mechanism of injury is described as throwing a package. Treatment to date includes right shoulder arthroscopy, right carpal tunnel release, shoulder cortisone injection, medication management, MRI scans, left shoulder manipulation under anesthesia, EMG/NCV. Note dated 10/25/13 indicates that subjective complaints include tearfulness, social withdrawal, loss of interest in activities, loss of interest in sex and decreased motivation. Diagnoses are adjustment disorder with mixed anxiety and depressed mood; and pain disorder associated with both psychological factors and a general medical condition. Note dated 12/24/13 indicates that the patient is 5'3" and weighs 211 pounds. She has gained over 40 pounds.

IMR ISSUES, DECISIONS AND RATIONALES

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

PROSPECTIVE REQUEST FOR 1 WEIGHT MANAGEMENT PROGRAM: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Aetna clinical policy bulletin, Weight Reduction Medications and Programs

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: Aetna clinical policy bulletin, Weight Reduction Medications and Programs

Decision rationale: Based on the clinical information provided, the request for 1 weight management program is not recommended as medically necessary. The submitted records fail to quantify the injured worker's current BMI. There is no indication in the submitted records that independent exercise and diet have been tried and failed. There are no measurable objectives and goals submitted for review.