MAXIMUS Federal Services

Case Number:	CM14-0025722		
Date Assigned:	06/13/2014	Date of Injury:	05/22/2012
Decision Date:	08/04/2014	UR Denial Date:	02/05/2014
Priority:	Standard	Application Received:	02/28/2014

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 Physical Medicine and Rehabilitation, 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:

This is a 56-year-old female with a date of injury of 5/17/12. The mechanism of injury was cumulative trauma due to extensive typing. She has had extensive treatment, and has a history of carpal tunnel release surgery prior to the date of injury. The patient has had physical therapy, chiropractic care, and medications, but due to persistent symptoms, retained an attorney. Since then, the patient has been under the care of an internist, chiropractor, psychologist, hand specialist, and pain specialist. The requesting provider notes that the patient has ongoing symptoms, and has failed to lose weight despite attempts at dieting. The patient is 5'6 and weighs 235 pounds. The patient also has diabetes and hypertension, that would benefit from weight loss according to the primary treating physician.

IMR ISSUES, DECISIONS AND RATIONALES

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

[redacted] **WEIGHT LOSS PROGRAM TIMES TEN WEEKS:** Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 115, 138. Decision based on Non-MTUS Citation Ann Intern Med. 2005 Jan 4;142(1):56-66. Systematic review: an evaluation of major commercial weight loss programs in the United States.

Decision rationale: The ACOEM is vague on this subject, but does recognize that there is general benefit to patients to increase physical activity and that weight reduction can enhance self-esteem. Therefore, consider the above referenced review from the Annals of Internal Medicine, which published an evaluation of the major commercial weight loss programs in the United States. It concludes that with the exception of one trial of Weight Watchers, the evidence to support the use of the major commercial and self-help weight loss programs is suboptimal. Controlled trials are needed to assess the efficacy and cost-effectiveness of these interventions. In this case, the patient is morbidly obese and has both hypertension and diabetes in addition to the multiple orthopedic issues. A trial of Weight Watchers may be reconsidered, but there is no clear evidence based support for the [redacted] program. Medical necessity for the [redacted] weight loss program is not established