

Case Number:	CM14-0026205		
Date Assigned:	06/16/2014	Date of Injury:	05/02/2011
Decision Date:	07/21/2014	UR Denial Date:	01/30/2014
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:

The injured worker is a 56-year-old male who reported an injury on 05/02/2011. The mechanism of injury was not provided. Prior treatments included analgesic medications as well as psychological counseling. The documentation of 10/24/2013 revealed the injured worker was utilizing medications and a TENS unit to help with pain. The injured worker had left foot pain. The diagnoses included foot pain in joint ankle, late effects fracture lower, and peripheral neuropathy. The treatment plan included refill of pain medications, with no medication side effects reported, to stay active, to lose weight, and continue with a home exercise program and TENS therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

WEIGHT MANAGEMENT: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Diabetes, Lifestyle (diet & exercise) modifications.

Decision rationale: The Official Disability Guidelines recommend diet and exercise as a first-line intervention for weight loss. There was a not enough documentation of a failure of diet and exercise. There was not enough documentation of the injured worker's BMI. There was no PR-2 submitted for the requested procedure. The request that was submitted did not indicate the duration of care being requested. Given the above, the request for weight management is not medically necessary.