

Case Number:	CM14-0026578		
Date Assigned:	06/13/2014	Date of Injury:	10/20/2009
Decision Date:	07/28/2014	UR Denial Date:	02/07/2014
Priority:	Standard	Application Received:	03/03/2014

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 Nevada. 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 35-year-old male who was reportedly injured on 10/20/2009. The mechanism of injury was not listed in the records reviewed. The most recent progress note, dated 4/28/2014, indicated that there were ongoing complaints of bilateral knee pain. The physical examination demonstrated positive medial joint line tenderness, positive swelling, range of motion zero through 130 degrees bilaterally. Previous diagnostic studies included MRIs of the left knee, right knee, right shoulder, left shoulder, left calf and lumbar spine performed in 2012. Previous treatment included epidural steroid injections, right knee arthroscopic surgery, Synvisc injections and medications to include Norco and Ambien. A request had been made for one supervised weight loss program for symptoms related to lumbar spine injury as an outpatient and was not certified in the pre-authorization process on 2/7/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE SUPERVISED WEIGHT LOSS PROGRAM FOR SYMPTOMS RELATED TO LUMBAR SPINE INJURY, AS AN OUTPATIENT (UNSPECIFIED FREQUENCY OR DURATION): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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: The Annals of Internal Medicine, Volume 142, pages 1 through 42, January 2005, "Evaluation of Major Commercial Weight Loss Programs" by AG Tsai and TA Wadden.

Decision rationale: The article indicates that counseling for diet and exercise as well as behavior therapies is the mainstay treatment of obesity. The researchers indicated that nothing was provided through these programs that could not be taught to the patient through a registered dietician specifically, the use of a low calorie, low-fat diet with a simple home exercise program. After reviewing the medical records of the 35-year-old injured worker, it was noted that he has an elevated body mass index; however, there were no objective clinical findings or subjective aspects of his history that necessitate the need for this request. Therefore, this request is deemed not medically necessary.