

Case Number:	CM14-0031040		
Date Assigned:	06/20/2014	Date of Injury:	11/14/1998
Decision Date:	09/08/2014	UR Denial Date:	02/06/2014
Priority:	Standard	Application Received:	03/12/2014

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 59-year-old male who sustained an injury on July 13, 1991. He is diagnosed with (a) impingement syndrome in the right shoulder; (b) meniscal tear of the right knee; (c) osteoarthritis in the left knee; and (d) morbid obesity. He was seen on December 3, 2013 for an evaluation of bilateral knees and the right shoulder. An examination of the right shoulder revealed painful and limited range of motion. Neer and Hawkin's test were positive. Generalized weakness was noted throughout motion. An examination of the right knee revealed crepitus and pain with motion. There was tenderness present over the joint line. His extension was full and flexion was 120 degrees. An examination of the left knee revealed crepitus and pain with motion. Effusion was present. Tenderness was noted over the joint line. Extension was 0 degrees and flexion was 130 degrees. Authorization was requested for [REDACTED] program, as well as physical therapy sessions 3 times a week for 4 weeks. Medications prescribed included Norco, Soma, and Lomotil.

IMR ISSUES, DECISIONS AND RATIONALES

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

[REDACTED] Program: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medical Disability Advisor by Presley Reed, MD. Obesity.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medical Disability Advisor Guidelines for Obesity, Online Version.

Decision rationale: The request for [REDACTED] program is not considered medically necessary at this time. There is limited information to support the medical necessity of [REDACTED] program. There is a need to establish that the injured worker has morbid obesity. According to the Medical Disability Advisor, diagnosis of morbid obesity should include measurements of height and weight for body mass index and waist-to-hip ratio. This was not found in the medical records received for review.