

Case Number:	CM14-0033348		
Date Assigned:	06/20/2014	Date of Injury:	09/03/1992
Decision Date:	07/23/2014	UR Denial Date:	03/05/2014
Priority:	Standard	Application Received:	03/17/2014

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 Neurological Surgery 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 72-year-old who female was reportedly injured on 9/3/1992. The mechanism of injury was not listed in these records reviewed. The most recent progress note, dated 2/20/2014, indicated that there were ongoing complaints of low back and bilateral knee symptoms but states improving with weight loss. The physical examination was handwritten and only partially legible. It revealed the lumbar spine tenderness to paraspinal muscles and bilateral knee positive tenderness to medial, lateral, and peripatellar with mild swelling. The diagnostic imaging studies were referenced on October 15, 2013 and included x-rays of bilateral knees. The x-rays showed total revision of the knee on the right and left knee severe arthritis. Previous treatment included lumbar surgery and total knee surgery. The patient has also been participating in [REDACTED] program for weight loss. A request had been made for weight loss program with [REDACTED] for ten weeks and was not certified in the pre-authorization process on 3/05/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

WEIGHT LOSS PROGRAM WITH [REDACTED], TEN (10) WEEKS, PER DWC FORM RFA DATED 2/20/14: Upheld

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

<http://www.ncbi.nlm.nih.gov/pubmed/15630109>, Systematic review: an evaluation of major commercial weight loss programs in the United States.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 83, Employee's/Patient's role.

Decision rationale: After careful review of the medical records provided, it was noted that the injured worker has lost 11-12 pounds participating in a [REDACTED] weight loss program. In reference to the request for a weight loss program with [REDACTED], there is not significant literature or evidence-based studies to support the medical necessity for weight loss programs as requested. Thus, the request for weight loss program with [REDACTED] for ten weeks is not medically necessary.