

Case Number:	CM14-0037766		
Date Assigned:	06/25/2014	Date of Injury:	12/21/2012
Decision Date:	07/28/2014	UR Denial Date:	03/06/2014
Priority:	Standard	Application Received:	03/31/2014

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 Internal Medicine 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 patient is a 59 year old female who was injured on 12/21/2012 when she injured her left fifth digit. A progress report dated 01/15/2014 states the patient continues to improve following a stem cell injection to her left knee. She remains on a 1200 calorie diet and has been unable to lose weight. She had a pending request for further data related to bariatric surgery. She reports continued pain in the calf. On examination of her left knee, she has full flexion with no pain. Diagnoses are obesity, not otherwise specified (NOS); and knee and left sprain, not otherwise specified (NOS). The patient's weight log reveals on 11/20/2013 her weight was 223.1; on 12/18/2013 her weight was 222.3; and on 01/15/2014 her weight was 223.7. Prior utilization review dated 03/06/2014 states the request for Chorionic Gonadotropin therapy for weight loss is denied as there is no medical documentation supporting the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chorionic Gonadotropin therapy for weight loss: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation, Chronic Pain Treatment Guidelines Page(s): 6.

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: American Society of Bariatric Physicians: "Use of HCG in the Treatment of Obesity."

Decision rationale: Most studies have found that HCG does not result in weight loss. The HCG diet limits your caloric intake for a certain period of time while receiving HCG. In addition, HCG is not approved by the FDA for weight loss. Thus, the request for chorionic gonadotropin therapy for weight loss is not medically necessary.