

Case Number:	CM14-0038070		
Date Assigned:	06/27/2014	Date of Injury:	06/23/2009
Decision Date:	07/28/2014	UR Denial Date:	03/26/2014
Priority:	Standard	Application Received:	04/01/2014

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 Forensic Psychology, 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:

This 46 yr. old female claimant sustained a work injury on 6/23/09 involving the neck, shoulders, hip and upper extremities. She had surgeries after her injury including a C4-C5 spinal fusion, arthroscopy of the hip and left shoulder for a labral tear. She had developed chronic pain, depression and sleep disturbances. She had a 40 to 50 lb weight gain since the injury. In August 2009, she was found to have sleep apnea. In May 2013, she was found to be 65 inches with a weight of 204 lbs. Prior to the injury she was 155 lbs. The treating physician at the time recommended a medically supervised weight loss program. A progress note in 11/26/13 indicated she had pain with sitting, standing, squatting or walking over 2 blocks. She had 8/10 groin pain with decreased range of motion of the shoulders, back and arms. A progress note on 1/31/14 indicated she was unable to perform land therapy due to extremity pain and was recommended for aqua therapy. In addition, diet was encouraged for weight management. A subsequent request was made for a weight loss program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Weight Loss Program: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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: National Health Guidelines for Obesity.

Decision rationale: In this case, there was no documentation of routine follow-up with a physician regarding weight loss. There was no input from a dietician to advise on caloric intake to achieve goals. Although, the claimant could not exercise appropriately due to pain, the above measures were not clinically followed prior to consideration of failure and referral to a weight program. Dietary /caloric intake is paramount and was not tracked in the documentation. Based on the above recommendations, a formal weight loss program is not medically necessary.