

Case Number:	CM14-0041862		
Date Assigned:	06/30/2014	Date of Injury:	07/20/2010
Decision Date:	08/14/2014	UR Denial Date:	03/18/2014
Priority:	Standard	Application Received:	04/07/2014

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 Family Medicine and is licensed to practice in Arizona. 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:

Patient is a 46 year old male with a date of injury on 7/20/2010. Diagnoses include lumbar strain/sprain, and bilateral shoulder impingement syndrome. Subjective complaints are of low back pain that is increased by prolonged walking, and shoulder pain that is tolerable with acupuncture. Physical exam shows a weight of 355 pounds, and a height 6'3". Lumbar spine has decreased range of motion, and tenderness at L5-S1. Straight leg raise test is negative, and motor strength is intact. Patellar reflex was diminished and Achilles reflex was absent. Medications include Ibuprofen, and Flexeril.

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: Decision based on MTUS ACOEM.

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: SYSTEMIC REVIEW: AN EVALUATION OF MAJOR COMMERCIALWEIGHT LOSS PROGRAMS. Annals of Internal Medicine, January 4 2005.

Decision rationale: CA MTUS and the ODG do not offer recommendations for weight loss programs. Alternate evidenced based guidelines were used to compare the submitted data with

guideline criteria. Documentation supports the need for weight loss with a current weight of 355 pounds. Medical records do not identify prior home weight loss interventions that had not been successful. Referenced guidelines indicate that the only evidence supporting a weight loss program was for Weight Watchers. Submitted records do not indicate prior diet modification, specific weight loss exercise program, or calorie restriction. Furthermore, the request is not specific for the type of weight loss program that is to be considered. Therefore, the medical necessity of a weight loss program is not established.