

Case Number:	CM14-0043343		
Date Assigned:	07/02/2014	Date of Injury:	04/06/2013
Decision Date:	09/30/2014	UR Denial Date:	03/17/2014
Priority:	Standard	Application Received:	04/10/2014

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 Occupational 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:

This is a 38-year-old male with a 4/6/13 date of injury. The mechanism of injury occurred when he was dragged by about 20 feet while working as a sheriff. He suffered scrapes and abrasions to his legs and experienced immediate pain to his neck, right arm, right elbow, wrists/hands, lower back, and shins. According to a progress report dated 3/4/14, Lindora weight loss program had been approved 3 weeks ago, and the patient has lost 21 pounds so far. His BMI was currently 29 with a goal BMI of 24. The provider recommended that the patient continue with Lindora for 6 weeks. Objective findings: limited to vital signs. Diagnostic impression: hypertension, obesity, left ventricular hypertrophy. Treatment to date: medication management, activity modification, physical therapy, surgery. A UR decision dated 3/17/14 denied the request for continued weight loss program. In this case, the claimant had 3 out of 4 weeks of the approved weight loss program. However, the most recent progress report is not current, noting that the claimant is in the second week of the program. Pending further documentation of progress from the program in weeks 3 and 4, the medical necessity of the continued weight loss program is not established.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continue weight loss program: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - TWC.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Annals of Internal Medicine, Volume 142, pages 1-42, January 2005 "Evaluation of the Major Commercial Weight Loss Programs." by Tsai, AG and Wadden, TA; Aetna Clinical Policy Bulletin: Weight Reduction Medications and Programs.

Decision rationale: CA MTUS and ODG do not address this issue. Physician supervised weight loss programs are reasonable in patients who have a documented history of failure to maintain their weight at 20 % or less above ideal or at or below a BMI of 27 when the following criteria are met: BMI greater than or equal to 30 kg/m; or a BMI greater than or equal to 27 and less than 30 kg/m and one or more of the following comorbid conditions: coronary artery disease, diabetes mellitus type 2, hypertension (systolic blood pressure greater than or equal to 140 mm Hg or diastolic blood pressure greater than or equal to 90 mm Hg on more than one occasion), obesity-hypoventilation syndrome (Pickwickian syndrome), obstructive sleep apnea, or dyslipidemia (HDL cholesterol less than 35 mg/dL ; or LDL cholesterol greater than or equal to 160 mg/dL; or serum triglyceride levels greater than or equal to 400 mg/dL. However, weight loss is medically necessary because morbid obesity is a recognized Public Health and CDC identified health risk. Issues of causation must be referred to the claims adjuster. Utilization Review must make determinations based solely on medical necessity. Causation and or compensability AOE/COE per the DWC are not in the scope of utilization review. It is noted that the patient was authorized for 4 weeks of a weight loss program, [REDACTED]. According to the most recent progress report provided for review, dated 3/4/14, it is noted that the patient has lost 23 pounds. As of this date, the patient had completed 3 weeks of the authorized 4 weeks. However, there is no documentation provided of the patient's outcome after he has completed the initial 4 weeks of the program. Therefore, the request for continue weight loss program was not medically necessary.