

Case Number:	CM14-0054368		
Date Assigned:	07/07/2014	Date of Injury:	10/27/2010
Decision Date:	08/29/2014	UR Denial Date:	04/09/2014
Priority:	Standard	Application Received:	04/23/2014

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 53-year-old female with a 10/27/10 date of injury, when she slipped and fell onto the right side and low back. The patient was seen on 8/21/13 and her weight was 244 pounds with a body mass index (BMI) of 43.2. The patient was seen on 10/2/13 and her weight was 238 pounds and BMI of 42.2. The patient was seen on 1/15/14 with complaints of bilateral knee pain that kept her awake at night. She also reported numbness in the right side of the face radiating down to the right arm and intermittent chest pain. Exam findings revealed height 5'3 and weight 233 pounds with BMI of 41.3. The patient ambulated with a cane and had tenderness along the medial and lateral joint lines and patellar crepitation. The patient had pain with deep flexion of the knees. The progress note stated that the patient tried dieting for 6 months. She failed self-directed weight loss program reducing calorie intake and exercising as much as possible with her knee pain. The diagnosis is morbid obesity, bilateral knee osteoarthritis and primary localized osteoarthritis in the lower leg. Treatment to date: medication, exercises and low calorie diet. An adverse determination was received on 4/9/14 given that the records did not clarify the type of weight loss program desired and did not indicate the type of medical supervision to be provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Supervised weight loss program: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation CMS 40.5- Treatment of Obesity (Rev. 54,

Issued: 04-28-06, Effective: 02-21-06, Implementation: 05-30-06 Carrier/10-26-06FI) Weight loss program.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Aetna Clinical Policy Bulletin: Weight Reduction Medications and Programs 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.

Decision rationale: California Medical Treatment Utilization Schedule (MTUS) does 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 body mass index (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, there is a lack of documentation indicating the patient's weight at the time of the industrial incident and there is a lack of documentation regarding the patient's comorbid conditions and criteria for a weight loss program. In addition, it is not clear when and for what reasons the patient failed the weight loss program. Therefore, the request for Supervised weight loss program was not medically necessary.