

Case Number:	CM14-0069999		
Date Assigned:	07/14/2014	Date of Injury:	01/29/2009
Decision Date:	09/22/2014	UR Denial Date:	04/17/2014
Priority:	Standard	Application Received:	05/15/2014

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 Physical Medicine and Rehabilitation 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 injured worker is a 28-year-old female who reported an injury 01/29/2009. The mechanism of injury was not provided. On 04/08/2014, the injured worker presented with weight loss of 15 pounds in the past 8 weeks and is requesting 10 more weeks of [REDACTED] weight loss program. Upon examination, the injured worker's blood pressure was 120/77 and weighed 217 pounds. The diagnoses were gastropathy and history of anemia, fatty liver and insomnia, and ortho condition, hyperthyroidism. Prior therapy included [REDACTED] weight loss program and Synthroid. The provider recommended 10 additional weeks of [REDACTED] weight loss program. The provider's rationale was not provided. The Request for Authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional 10 weeks of the [REDACTED] 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 Diabetes, Lifestyle Modifications.

Decision rationale: The request for 10 additional weeks of [REDACTED] weight loss program is not medically necessary. The Official Disability Guidelines recommend a lifestyle modification of diet and exercise as a first line intervention. Modified diet and an active lifestyle can have major benefits. The documentation does not indicate the injured worker has tried and failed with personal diet and lifestyle modifications to warrant additional [REDACTED] instructed weight loss program. As such, the request is not medically necessary.