

Case Number:	CM14-0070818		
Date Assigned:	07/14/2014	Date of Injury:	04/01/2011
Decision Date:	08/12/2014	UR Denial Date:	04/29/2014
Priority:	Standard	Application Received:	05/16/2014

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 Pain Medicine and is licensed to practice in Texas and Ohio. 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 49-year-old female who reported an injury on 04/01/2011, who reportedly sustained an injury to the right knee and lower back carrying a hamper of clothes. The injured worker's treatment history included physical therapy, medications, NCV, MRI, steroid injections, and a knee brace. The injured worker was evaluated on 02/24/2014 and it was documented that the injured worker had constant pain in her lower back and on her right knee. The physical examination of her lower back revealed she had focalized tenderness at the lumbosacral junction and superior iliac crest. It was noted that her motor strength testing was intact in her lower extremities. The diagnoses included tricompartmental knee arthrosis right side, strain to the right knee, and lumbosacral sprain/strain with advanced disc space narrowing at L5-S1. The provider noted the injured worker's diagnoses also included multi disc bulging L1 through S1 with severe lateral recess stenosis L4-5, moderate foraminal stenosis L4-5 and L5-S1, and moderate central stenosis with severe left stenosis at L3-4 with moderate spinal stenosis centrally at L2-3 and severe right-sided stenosis at L2-3, and status post significant weight gain with weight loss program in place, now has lost a total of 42 pounds since the onset of her injury. There were no medications listed for the injured worker. The provider indicated that the injured worker was recommended to complete a self-directed exercise program. The request for authorization and rationale were not submitted for this review.

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: The American Journal of Clinical Nutrition.

Decision rationale: The request for weight loss program is not medically necessary. The American Journal of Clinical Nutrition states that the effectiveness of a commercial weight-loss programs consisting of a very-low diets (VLCDs) and low calorie diets (LCDs) is unclear. It stated that a commercial weight-loss program, particularly one using (VLCD, was effective at reducing body weight in self-selected, self-paying adults. The document that was submitted on 02/24/2014 lacked information regarding the injured worker's weight and BMI. The request lacked frequency and duration for the injured worker to attend the weight loss program. In addition, the documents provided indicated the injured worker had gain weight since her surgery however, had lost 42 pounds since the onset of her injury. The documentation provided indicated the provider recommended a self-directed exercise program but there was lack of evidence of the outcome measurements. Given the above, the request is not medically necessary.