

Case Number:	CM14-0071926		
Date Assigned:	07/16/2014	Date of Injury:	11/12/2010
Decision Date:	09/22/2014	UR Denial Date:	04/22/2014
Priority:	Standard	Application Received:	05/19/2014

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:

The applicant is a represented [REDACTED] employee who has filed a claim for gastroesophageal reflux disease, bronchiolitis obliterans, shortness of breath, obstructive sleep apnea, morbid obesity, and gouty arthropathy reportedly associated with an industrial injury of November 12, 2010. Thus far, the applicant has been treated with the following: Bronchodilator inhalers; CPAP mask; and NSAIDs for gouty arthropathy. In a utilization review report dated April 22, 2014, the claims administrator denied a request for a weight loss program, invoking MTUS and non-MTUS guidelines. It was suggested that the applicant had a BMI of 48. The applicant's attorney subsequently appealed. In a March 4, 2014 progress note, the applicant was described as having a variety of issues, including severe obesity, gouty arthropathy, obstructive sleep apnea, and gastroesophageal reflux disease with associated symptoms of shortness of breath and cough. The applicant was described as having possibly developed diabetes. The applicant was described as remaining "totally and permanently disabled." A supervised program for weight loss was endorsed. The applicant was described as standing 71 inches tall and weighing 340 pounds, resulting in a BMI of 48. The applicant was asked to continue a CPAP mask and use supplemental oxygen on an as-needed basis.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Supervised Weight Loss Program: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 1 Prevention. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Obesity (<http://www.mdguidelines.com/obesity>).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines Chapter 1, page 11.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 1, page 11, strategies based on modification of individual risk factors, such as the weight loss program at issue here may be "less certain" more difficult and possibly less cost effective." In this case, the attending provider has not furnished any compelling applicant-specific rationale or medical evidence, which would offset the tepid-to-unfavorable ACOEM position on weight loss programs. It has not, furthermore, been established what attempts the applicant has made to try and lose weight of his own accord. Therefore, the request is not medically necessary.