

Case Number:	CM14-0179956		
Date Assigned:	11/04/2014	Date of Injury:	10/27/2011
Decision Date:	01/02/2015	UR Denial Date:	10/02/2014
Priority:	Standard	Application Received:	10/29/2014

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 Internal Medicine, and is licensed to practice in Maryland. 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 employee was a 46-year old female who sustained an industrial injury on 10/27/11 when she slipped and fell. Prior treatments included physical therapy, medications and activity modification. An MRI of cervical spine in February of 2013, revealed three small disc bulges. An MRI of the lumbar spine done on 05/19/14 revealed decreased disc height, disc dessication, degenerative marrow changes with small anterior, lateral and posterior osteophytes noted at the L5-S1 level without spinal stenosis or foraminal narrowing. An MRI of the left shoulder on the same day showed tendinosis versus small intrasubstance tear involving a portion of the distal supraspinatus tendon. An EMG/NCV on 04/28/14 revealed bilateral carpal tunnel syndrome. Her diagnoses were cervical, shoulder, low back sprain/strain, left knee contusion, chronic low back pain and left middle finger laceration. According to the note from August 11, 2014 the employee had a BMI of 30.62.

IMR ISSUES, DECISIONS AND RATIONALES

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

Weight Loss Program: Overturned

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 Comparison of range of commercial or primary care led

weight reduction programmes with minimal intervention control for weight loss in obesity:
Lighten up randomized controlled trial. BMJ 2011; 343: d6500

Decision rationale: The employee was a 46-year old female who sustained an industrial injury on 10/27/11 when she slipped and fell. Prior treatments included physical therapy, medications and activity modification. An MRI of cervical spine in February of 2013, revealed three small disc bulges. An MRI of the lumbar spine done on 05/19/14 revealed decreased disc height, disc dessication, degenerative marrow changes with small anterior, lateral and posterior osteophytes noted at the L5-S1 level without spinal stenosis or foraminal narrowing. An MRI of the left shoulder on the same day showed tendinosis versus small intrasubstance tear involving a portion of the distal supraspinatus tendon. An EMG/NCV on 04/28/14 revealed bilateral carpal tunnel syndrome. Her diagnoses were cervical, shoulder, low back sprain/strain, left knee contusion, chronic low back pain and left middle finger laceration. According to the note from August 11, 2014 the employee had a BMI of 30.62. She had gained 30 pounds since injury. The provider adds that the risk for osteoarthritis of knee is 17 fold with obesity and hence she had to lose weight. According to the above article, commercially provided weight management services are more effective and cheaper than primary care based services. The employee had obesity and comorbid conditions including neck and back strain with knee contusion. Weight loss is warranted for her knee pain. Hence the request for weight loss program is medically necessary and appropriate.