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| Case Number: | CM14-0188358 | | |
| Date Assigned: | 11/19/2014 | Date of Injury: | 02/19/2010 |
| Decision Date: | 01/07/2015 | UR Denial Date: | 10/28/2014 |
| Priority: | Standard | Application Received: | 11/12/2014 |

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 Family 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 28 year old female patient who sustained an industrial injury on 2/19/2010. The current diagnoses include right upper extremity complex regional pain syndrome, severe vertigo with history of right ear hearing loss, severe migraine, morbid obesity, left thoracic outlet syndrome, hypertension and depression. Per the doctor's note dated 10/23/2014, she had complaints of severe headache and right upper extremity pain. The physical examination revealed morbid obesity, discolored right arm with severe allodynia, hyperalgesia and weakness. The medications list includes Flexeril, Cymbalta, Relpax, Lactulose, Percocet and Cambia. She has had cervical spine MRI on 3/16/2013 which revealed no obvious cord lesion; ultrasound dated 7/24/2014 which revealed left anterior scalene musculature edema/fibrosis/thickening; left negative Adson's test; electrodiagnostic studies revealed mild carpal tunnel syndrome; MRI wrist in 2010 with normal findings. She has undergone spinal cord stimulator placement and removal in 2010, sympathetic block in 2010 and cervical spine laminotomy. She has had TENS for this injury.

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 base their decision on the MTUS. Decision based on Non-MTUS Citation Medical Disability Advisor

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Chapter: Knee & Leg (updated 10/27/14) Gym memberships Other Medical Treatment Guideline or Medical Evidence: American Family Physician. 2006 Jun 1;73(11):2074-2077.-Practice Guideline- Joint Position Statement on Obesity in Older Adults

Decision rationale: Per the cited guidelines "With unsupervised programs there is no information flow back to the provider, so he or she can make changes in the prescription, and there may be risk of further injury to the patient. Gym memberships, health clubs, swimming pools, athletic clubs, etc., would not generally be considered medical treatment." Treatments for obesity either decrease energy intake or increase energy expenditure. Those that decrease energy intake have a greater potential for causing weight loss than those that increase energy expenditure through exercise. Per the Practice Guideline- Joint Position Statement on Obesity in Older Adults- "When beginning weight-loss therapy for older patients, all appropriate information should first be collected (i.e., medical history, physical examination, laboratory tests, medication assessment, and evaluation of the patients of inclination to lose weight). Physicians should assist their patients in making lifestyle and behavioral changes by setting goals, supervising progress, and motivating patients." The records provided do not provide detailed information about patient's dietary history. The response to any prior attempts of weight loss treatments are not specified in the records provided. Tests for medical conditions contributing to his inability to lose weight like hypothyroidism are not specified in the records provided. Any medications that may be contributing to his weight gain are not specified in the records provided. Any possible psychiatric co morbidities like depression or bulimia that may be contributing to the patient's weight gain are not specified in the records provided. The medical necessity of Weight loss program is not medically necessary at this time.