

Case Number:	CM14-0204547		
Date Assigned:	12/16/2014	Date of Injury:	01/23/2013
Decision Date:	02/05/2015	UR Denial Date:	11/11/2014
Priority:	Standard	Application Received:	12/08/2014

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 Practice, and is licensed to practice in New Jersey. 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 male who was injured on 1/23/13 when he experienced chest pain with difficulty breathing and upper extremity symptoms. He was diagnosed with lumbago, obesity, hypertension with hypertensive cardiovascular disease, and peripheral varicosities. He had a history of heartburn. He currently takes Tylenol #3 and antihypertensives. This limited chart provided only contains one progress note. The current request is for an outpatient supervised weight loss program which was denied by utilization review on 11/11/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient supervised weight loss program: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.aetna.com/cpb/medical/data/1_99/0039.html; Clinician Supervision of Weight Reduction Programs

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: USPSTF Screening for and management of obesity in adults, Annals of Internal Medicine.

Decision rationale: The request for a weight loss program is not medically necessary. Weight loss will be essential to his recover as increased weight is contributing to his hypertension and cardiovascular disease. However, the use of a weight loss program is not addressed in any guidelines found in MTUS or ODG. According to USPSTF, a weight loss program would aid the patient however, one program has not been shown to be more effective than others. The patient can also receive care through his primary care physician, dietician, and changing his diet and lifestyle. There is no documentation that patient has attempted to change his lifestyle with the aid of his physician or a dietician. Therefore, the request is considered not medically necessary.