

Case Number:	CM14-0207246		
Date Assigned:	12/19/2014	Date of Injury:	09/17/2006
Decision Date:	02/12/2015	UR Denial Date:	11/23/2014
Priority:	Standard	Application Received:	12/10/2014

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, has a subspecialty in Interventional spine 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 patient is a 47 year old female with the injury date of 09/17/06. Three physician's reports contain little information about the patient's condition, treatment's history, etc.. Per physician's report 10/23/14, the patient has neck, shoulder and lower back pain at 8/10. EMG/NCV demonstrates 1) bilateral carpal tunnel syndrome 2) cubital tunnel syndrome on the left. The patient weighs 233lbs. The patient presents with restricted range of cervical or lumbar motion. The lists of diagnoses are: 1) Cervical spine strain/ sprain rule out herniated cervical disc with radiculitis/ radiculopathy 2) Right shoulder strain/ sprain rule out tendinitis, impingement, cuff tear, internal derangement 3) Right elbow strain/ sprain 4) Right wrist strain/ sprain 5) Left shoulder strain/ sprain rule out tendinitis, impingement, cuff tear, internal derangement 6) Left hand strain/ sprain 7) Lumbar spine strain/ sprain rule out herniated lumbar disc with radiculitis/ radiculopathy 8) Right knee strain/ sprain 9) Left knee strain/ sprain 10) Insomnia 11) Anxiety and depression 12) Trigger finger 4th, right hand 13) Trigger thumb on the left 14) Exogenous weight gained, 40 pounds. Per 09/11/14 progress report, the patient weighs 231lbs with 136/82 blood pressure. The patient continues to have bilateral shoulder pain at 9/10. The utilization review determination being challenged is dated on 11/23/14. Three treatment reports were provided from 09/11/14 to 12/04/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medically Supervised Weight Loss Program: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 9 Shoulder Complaints, Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines exercise Page(s): 46-47. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Aetna Clinical Policy Bulletin: Weight Reduction Medications and Programs Number: 0039.

Decision rationale: The patient presents with pain in her multiple body parts, including her neck, shoulders and lower back. The request is for medically supervised weight loss program. The MTUS Guidelines page 46 and 47 recommends exercise, but states that there is no sufficient evidence to support the recommendation of any particular exercise regimen over any other exercise regimen. There are no discussions regarding weight loss programs in other guidelines such as ODG or ACOEM. However, Aetna Guidelines allow "up to a combined limit of 26 individual or group visits by any recognized provider for a 12-month period." Physician monitored programs are supported for those with BMI greater than 30, but excludes [REDACTED], or similar programs. The 10/23/14 progress report indicates that the patient currently weighs 233 lbs. and has gained 40 pounds. None of the reports provide the patient's height or BMI. Aetna requires a BMI of 30 or greater for a weight loss program to be indicated. The treater does not discuss if other measures (diet, exercise) of weight loss have been tried and failed. Aetna states weight reduction programs are considered for patients who have failed to lose weight after low calorie diet and physical activities. Furthermore, the request is without quantity or duration, or what the program will entail. The request is not medically necessary.