

Case Number:	CM14-0211299		
Date Assigned:	12/24/2014	Date of Injury:	11/08/2006
Decision Date:	02/28/2015	UR Denial Date:	12/10/2014
Priority:	Standard	Application Received:	12/17/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: California
Certification(s)/Specialty: Family Practice

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 injured worker's date of injury is 11/08/2006. The medical documentation presented are mostly hand written and legibility is only fair. This patient receives treatment for chronic heel and ankle pain. The medical diagnoses include surgery for R ankle ligament reconstruction with residual Tars Tunnel, Plantar fasciitis, and GI upset. The patient was treated with physical therapy, a brace, rest, ice, ESWT shocker therapy, and NSAIDS.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Weight Loss Program: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Snow V. Barry P, Fitterman N, Qaseem A, Weiss K. Pharmacologic and surgical management of obesity in primary care: a clinical practice guideline from the American College of Physicians. Ann Intern Med 2005 Apr 5;142(7):525-31

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation The treatment of obesity, by George Bray, MD, in UpToDate.com

Decision rationale: The standard clinical measurement tool for obesity is the Body Mass Index, BMI. Obesity is defined as a BMI greater than 30. The BMI is not discussed in the documentation. There is also no discussion about what weight loss methods have been tried and failed. There is inadequate documentation on what basis the weight loss is prescribed. Referral to a weight loss program is not medically indicated.

1 Year Gym Membership: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - Low Back, Lumbar & Thoracic (Acute & Chronic)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Exercise Page(s): 46-47.

Decision rationale: Physical conditioning and strengthening programs are welcomed additions to treatment plans for patients; however, there is no evidence of any superiority of one program over another. Additionally, the documentation does not state exactly what the rationale for a gym membership is. Referral for a one year gym membership is not medically indicated.