

Case Number:	CM15-0102775		
Date Assigned:	06/05/2015	Date of Injury:	11/12/2010
Decision Date:	07/14/2015	UR Denial Date:	05/06/2015
Priority:	Standard	Application Received:	05/28/2015

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: Preventive Medicine, Occupational Medicine

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 38 year old male, who sustained an industrial injury on November 12, 2010. He was reported to have debilitating lung disease caused by exposure to diacetyl at work. The injured worker was diagnosed as having severe debilitating lung disease (bronchiolitis obliterans) secondary to exposure at work, hypoxemic respiratory insufficiency, morbid obesity, sleep apnea disorder, gout, and gastroesophageal reflux disorder (GERD). Treatment to date has included x-rays, oximetry, spirometric lung function testing, ultrasound Doppler echocardiogram, oxygen support, and medication. Currently, the injured worker complains of exertional shortness of breath. The Treating Physician's Consultation report dated April 15, 2015, noted the injured worker had been evaluated at the lung transplant clinic, with the explanation that the evaluation for lung transplantation was the risks far outweighed the potential benefit due to the injured worker's current elevated weight and body mass index of 52. The injured worker's current medications were listed as Advair, Spiriva, Mucinex, Indocin, Allopurinol, and Prilosec. Physical examination was noted to show the injured worker was a morbidly obese male, tachypneic at rest, with lungs clear. Pulse oximetry performed on April 15, 2015, was noted to be 97% at rest on room air. The treatment plan was noted to include a request for authorization for a managed, supervised, inpatient weight loss program.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 supervised weight loss program: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 1 Prevention. Decision based on Non-MTUS Citation <http://www.mdguidelines.com/obesity>.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain (Functional Restoration) Programs Page(s): 30-33.

Decision rationale: MTUS Guidelines do not specifically address residential weight loss programs, but the Guidelines do discuss functional restoration programs and many of the same principles would apply. One Guideline standard is that only successful programs with a proven track records should be considered. Another Guideline standard is that there should be qualified screening prior to entry to assess the individuals level motivation and interest in such a program. Neither of these standards has been met. No specific program is requested and if there were, it would be medically reasonable to evaluate such a program for its short and long-term success rates. In addition, there is no evaluation for potential success on the part of this individual. Under these circumstances, the request for a residential supervised weight loss program is not consistent with Guidelines and is not medically necessary.