

Case Number:	CM15-0106026		
Date Assigned:	06/10/2015	Date of Injury:	09/18/2007
Decision Date:	07/13/2015	UR Denial Date:	05/11/2015
Priority:	Standard	Application Received:	06/02/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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 56-year-old female with an industrial injury dated 09/18/2007. The injured worker's diagnoses include hypertension, gastroesophageal reflux disease and right atrial enlargement. Treatment consisted of prescribed medications and periodic follow up visits. In a progress note dated 03/24/2015, the injured worker reported a stable blood pressure with Lisinopril, no chest pain and the inability to lose weight. Some documents within the submitted medical records are difficult to decipher. Objective findings revealed 131/82 blood pressure, normal sinus rhythm, no edema and clear lungs. Treatment plan consisted of medication management and Weight Watchers. The treating physician prescribed services for Weight Watchers (Weeks) Quantity: 10 now under review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Weight Watchers (Weeks) Qty 10: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://emedicine.medscape.com/article/123702-treatment>.

Decision rationale: Pursuant to Medline plus (see attached link), Weight Watchers (weeks) Qty: 10 is not medically necessary. Treatment of obesity starts with comprehensive lifestyle management (i.e. diet, physical activity, behavioral modification) which should include the following: self-monitoring of caloric intake and physical activity; goal setting; stimulus control; nonfood rewards; and relapse prevention. See attached link for details. In this case, the injured worker's working diagnoses are hypertension, gastroesophageal reflux, and right a trial enlargement. The documentation from a March 24, 2015 progress note shows a weight of 190 pounds. There was no height or BMI documented in the medical record. The injured worker's blood pressure is normal at 131/82. Heart examination and lung examinations were normal. Treatment of obesity starts with comprehensive lifestyle management including (other than diet) physical activity and behavioral modification. There is no documentation of previous weight control attempts including diet and exercise. Consequently, absent clinical documentation including a BMI and documentation of previous weight control attempts, Weight Watchers (weeks) Qty: 10 is not medically necessary.