

Case Number:	CM15-0139489		
Date Assigned:	07/29/2015	Date of Injury:	04/01/2012
Decision Date:	08/26/2015	UR Denial Date:	07/14/2015
Priority:	Standard	Application Received:	07/17/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 42 year old female who sustained a work related injury April 1, 2012. While lifting a 36 pack of bottled water, she heard a pop in the neck and right shoulder. She was diagnosed with possible thoracic outlet syndrome and wrist pain. X-rays of the cervical spine were obtained and within normal limits. She was prescribed medication and physical therapy. Past history included diet controlled diabetes mellitus-2. According to agreed medical evaluation report, dated March 4, 2015, the injured worker reported a 50 pound weight gain since she stopped working. She had been treated with anti-inflammatory medication, physical therapy, pain medication, a Pil-O-Splint (never received) and wrist splint, and right shoulder cortisone injection. In May of 2014, a weight loss program was encouraged and a request was made for right shoulder surgery. She reports pain in the right shoulder, neck, back and hip. There is intermittent numbness in both hands, digits, elbows, right greater than left and right leg. Decreased strength noted in the shoulders and hands and sensitivity in the elbows and shoulders. X-rays of the cervical spine are consistent with cervical disc disease without facet dislocation. X-rays of the lumbar spine are consistent with spondylolisthesis. A physician's report included diagnoses of medial epicondylitis, cubital tunnel, and bilateral impingement and possible right sided lower lumbar radiculopathy. Diagnoses are documented as rotator cuff tendinosis, right shoulder; myofascial neck pain; lumbar radiculopathy, right side. As of March 4, 2015, the physician documented her strength has improved on the right side, not only pinching, but grasping. Examination of the right shoulder revealed loss of strength but normal motion. The physician also documents that the injured worker is 30 pounds heavier than when he first

examined her 2 years ago, and she has gained overall 50-60 pounds. At issue, is a request for authorization for a weight loss program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Weight Loss Program: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation
<http://www.ncbi.nlm.nih.gov/pubmed/17904936>.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 83. Decision based on Non-MTUS Citation NHLBI Obesity Education Initiative Expert Panel on the Identification, Evaluation, and Treatment of Obesity in Adults (US). Bethesda (MD): National Heart, Lung, and Blood Institute; 1998 Sep.

Decision rationale: Weight loss program is not medically necessary per the MTUS guidelines and the guidelines from the NHLBI. The MTUS states that to achieve functional recovery, patients must assume certain responsibilities. It is important that patients stay active or increase activity to minimize disuse, atrophy, aches, and musculoskeletal pain, and to raise endorphin levels. They must adhere to exercise and medication regimens, keep appointments, and take responsibility for their moods and emotional states. The NHLBI states that there is strong evidence that combined interventions of a low calorie diet, increased physical activity, and behavior therapy provide the most successful therapy for weight loss and weight maintenance. The documentation does not reveal that the patient has attempted exercise, weight loss or diet changes independently. Furthermore, the request does not specify a duration of the requested program. The request for a weight loss program is not medically necessary.