

Case Number:	CM15-0141556		
Date Assigned:	07/31/2015	Date of Injury:	03/20/2003
Decision Date:	09/02/2015	UR Denial Date:	07/16/2015
Priority:	Standard	Application Received:	07/21/2015

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: Texas, New York, 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 applicant is a represented 76-year-old who has filed a claim for chronic knee pain reportedly associated with an industrial injury of March 20, 2003. In a Utilization Review report dated July 16, 2015, the claims administrator failed to approve a request for a medically supervised weight management program. A June 17, 2015 office visit was referenced in the determination. The applicant's attorney subsequently appealed. On May 21, 2015, the applicant was described as severely obese, standing 5 feet 5 inches tall and weighing 300 pounds. The applicant was wheelchair-bound, it was reported. Multifocal complaints of bilateral shoulder, wrist, hand, and bilateral knee pain were reported. The applicant was on aspirin, Tenormin, hydrochlorothiazide, Lipitor, fosinopril, potassium, Nexium, Neurontin, and Norco, it was reported. Permanent work restrictions were renewed. An earlier note of April 7, 2015 was also notable for commentary that the applicant was wheelchair-bound. Permanent work restrictions, Norco, and Neurontin were renewed. The note was difficult to follow as it mingled historical issues with current issues. In an RFA form dated July 9, 2015, a medical weight management program was endorsed. In an associated progress note dated July 2, 2015, the applicant was again described as wheelchair-bound. The applicant was reliant on a home-health aide for almost all activities, it was reported. Her husband was taking care of her, it was reported. The applicant had been unable to lose any kind of weight for the preceding six to twelve months, it was reported. The applicant had issues with severe left and right knee arthritis, it was reported. It was stated that the applicant was not a candidate for any kind of surgical remedy owing to her severe obesity. A medically-supervised weight management program was sought, while Norco, Tramadol and Neurontin were renewed

and/or continued. The applicant was described as having other medical comorbidities. On May 21, 2015, it was incidentally noted that the applicant had issues with hypertension, dyslipidemia, and prior issues with a trial fibrillation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medically supervised weight management program: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 1 Prevention Page(s): 11. Decision based on Non-MTUS Citation <http://emedicine.medscape.com/article/123702-treatment> Obesity Treatment & Management.

Decision rationale: Yes, the proposed medically-supervised weight management program was medically necessary, medically appropriate, and indicated here. While the MTUS Guideline in ACOEM Chapter 1, page 11 notes that strategies based on modification of applicant-specific risk factors such as weight loss may be "less certain, more difficult and possibly less cost effective," this tepid ACOEM position. In this case, is contravened by the specifics of the applicant's case and a more updated medical treatment guideline (MTG) in the form of Medscape Obesity Treatment and Management article, which states that scientific evidence indicates that multidisciplinary programs reliably produce and sustain modest weight loss between 5% and 10% for the long term. Here, the applicant was described as severely obese, standing 5 feet 5 inches tall and weighing 300 pounds, it was reported on May 21, 2015. The applicant was wheelchair-bound, either owing to a combination of her obesity and severe bilateral knee arthritis. The applicant had medical comorbidities including hypertension and dyslipidemia. The applicant was unable to consider knee surgery owing to issues with severe obesity. Moving forward with the proposed weight loss program was, thus, indicated, given the severity of the applicant's issues with knee arthritis, obesity, and comorbidities to include hypertension and dyslipidemia. Therefore, the request was medically necessary.