

Case Number:	CM15-0141633		
Date Assigned:	07/31/2015	Date of Injury:	12/07/1992
Decision Date:	08/31/2015	UR Denial Date:	07/01/2015
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: 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 73-year-old female who sustained industrial injuries on December 7, 1992 resulting in left knee, right hip, and, subsequently, fibromyalgia pain. Diagnoses have included hip bursitis, fibromyalgia, chronic pain syndrome, and morbid obesity. Treatment has included medications, and hip and knee surgeries, but he injured worker continues to report pain and difficulties with mobility. The treating physician's plan of care includes lab testing related to her morbid obesity. She is retired, and considered permanent and stationary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Labs for morbid obesity: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation McPherson & Pincus: Henry's Clinical Diagnosis and Management by Laboratory Methods, Chapter 8-Interpreting Laboratory Results.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Obesity prevention and management. National Guideline Clearinghouse (NGC), Rockville MD. Agency for Healthcare Research and Quality (AHRQ).

Decision rationale: The CA MTUS Guidelines do not address the use of labs for morbid obesity. The cited guideline does indicate that in the evaluation of obesity, a limited lab panel may be considered: Lipid panel, glucose (or glycosylated hemoglobin [Hgb A1C] in adults), aspartate aminotransferase (AST) and alanine aminotransferase. The medical reports provided for review do not describe the labs that are being ordered, however. Medical necessity of this request has not been established without indicating the specific labs being ordered. The request for labs for morbid obesity is determined to not be medically necessary.