

Case Number:	CM15-0145220		
Date Assigned:	08/06/2015	Date of Injury:	11/18/2004
Decision Date:	09/08/2015	UR Denial Date:	07/20/2015
Priority:	Standard	Application Received:	07/27/2015

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: Emergency 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 70-year-old female, who sustained an industrial injury on 11-18-2004. The mechanism of injury was not noted. The injured worker was diagnosed as having degenerative disc disease of the cervical and lumbar spines, carpal tunnel syndrome, cervical and lumbar radiculopathy, degenerative joint disease of the right hip, and status post left total knee arthroplasty. Treatment to date has included diagnostics, left knee surgery (7-2013), and medications. On 1-29-2015, the injured worker reported that her right hip was doing "terrible" and wished to proceed with a right total hip arthroplasty. Her past medical history included hypertension, heart disease, gout, and mild renal insufficiency. Her body mass index was 48.6%. The treatment plan included a consult for formal weight loss program. She was retired. On 4-09-2015, her body mass index was 47.7% and it was documented that there was no response regarding the previously requested formal weight loss program. Currently, the injured worker complains of ongoing issues with her knees, back, and right hip. It was documented that her cardiologist stated that she was a candidate for surgical intervention to the right hip. Her body mass index was 47.6%, noting that she does need help with weight loss or her body mass index would not be 47.6%. She used a cane for assistance with ambulation and her diet was not noted. A consultation for a formal weight loss program was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Consult for formal weight loss program: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Diabetes/lifestyle.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Exercise Page(s): 46-47.

Decision rationale: The request is for enrollment in a weight loss program. There is strong evidence that exercise programs, including aerobic conditioning and strengthening, are superior to treatment programs that do not include exercise. There is no sufficient evidence to support the recommendation of any particular exercise regimen over any other exercise regimen. A therapeutic exercise program should be initiated at the start of any treatment or rehabilitation program, unless exercise is contraindicated. Such programs should emphasize education, independence, and the importance of an on-going exercise regime. The documentation provided does state that the injured worker has a body mass index of 48.6%, suggesting morbid obesity, but there is no clear documentation as to why the injured worker requires enrollment in a formal weight loss program rather than engage in self-directed weight loss. The request as written is not supported by the MTUS and is therefore not medically necessary.