

Case Number:	CM15-0145276		
Date Assigned:	08/06/2015	Date of Injury:	05/01/2007
Decision Date:	09/03/2015	UR Denial Date:	07/24/2015
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 64 year old female, who sustained an industrial injury on 5-01-2007, due to continuous trauma, as well as a fall on 10-31-2007. The injured worker was diagnosed as having bilateral shoulder impairment syndrome, right greater than left, and bilateral carpal tunnel syndrome. Treatment to date has included diagnostics, functional capacity evaluation, carpal tunnel surgery (left in 2008), physical therapy, and medications. Currently, the injured worker complains of severe right shoulder pain, severe right knee pain, mild bilateral wrist pain, and mild left elbow pain. She reported that her right knee and right shoulder were getting worse. She was working with restrictions but having difficulty. She was taking Norco (6 per day) and was documented as well over 100 pounds overweight. Her height was 5'7" and her weight was 292 pounds. She ambulated with a four wheel walker with brakes and a seat. The recommendation was for total temporary disability for 6 weeks. The treatment plan included a weight loss program. Prior self-directed weight loss attempts were not noted.

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/15630109>.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Gudzone KA, Doshi RS, Mehta AK, Chaudhry ZW, Jacobs DK, Vakil RM, et al. Efficacy of Commercial Weight-Loss Programs: An Updated Systematic Review. *Ann Intern Med.* 2015;162:501-512. doi:10.7326/M14-2238.

Decision rationale: MTUS Chronic pain and ACOEM Guidelines do not have any sections that relate to this topic. Official Disability Guidelines only has general recommendations concerning weight loss. As per review of weight loss programs published in *Annals of Internal Medicine*, most weight loss programs are not recommended except for some that help with caloric restrictions. The provider has failed to document any conservative or basic attempts at weight loss. There is no documentation of patient attempting weight loss or has any desire to attempt weight loss. The provider has also failed to document what weight loss program was being requested, for how long and goal of program. Weight loss program is not medically necessary.