

Case Number:	CM15-0162960		
Date Assigned:	08/31/2015	Date of Injury:	09/23/2009
Decision Date:	10/05/2015	UR Denial Date:	07/23/2015
Priority:	Standard	Application Received:	08/19/2015

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: Physical Medicine & Rehabilitation

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 42 year old female sustained an industrial injury to the left ankle on 9-23-09. The injured worker underwent multiple left ankle surgeries. In a PR-2 dated 2-12-15, the physician noted that the injured worker was awaiting fusion reconstruction surgery. The injured worker had undergone left lumbar sympathetic injection on 7-1-14 with 75% pain relief in leg, 20% decrease in medication use and increases in functional ability, activity level and endurance. The injured worker reported increased gastrointestinal distress and nausea from Oxycodone and Lyrica. Physical exam was remarkable for improved left leg swelling and no fusion in left ankle. The injured worker's height was 5'9" and weight 280 pounds. The physician noted that the injured worker weighed 180 pounds prior to surgery. Current diagnoses included left ankle non-fusion, chronic regional pain syndrome left ankle, status post lumbar sympathetic injection and obesity. The treatment plan included a weight loss program with a goal of 100 pound weight loss, left ankle surgery, continuing home exercise and continuing medications (Oxycodone, Prilosec, Lyrica and Zofran).

IMR ISSUES, DECISIONS AND RATIONALES

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

Referral for a 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 (ODG), Treatment Index, Diabetes, Lifestyle (diet & exercise) modifications, Tsai AG, Wadden TA Evaluation of the Major Commercial Weight Loss Programs.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation AETNA website http://www.aetna.com/cpb/medical/data/1_99/0039.html.

Decision rationale: The patient presents with left ankle pain. The request is for REFERRAL FOR A WEIGHT LOSS PROGRAM. The request for authorization is dated 07/15/15. The patient is status post left ankle revision fusion with removal of hardware, bone grafting and dual plating technique, 06/16/15. Physical examination of the left ankle reveals range of motion is limited. Her foot is warm and pink with brisk capillary refill. Patient's medications include Oxycodone, Prilosec, Lyrica, and Zofran. Per progress report dated 05/28/15, the patient is TTD. MTUS, ODG, and ACOEM are silent regarding the request for weight loss program. Therefore AETNA website http://www.aetna.com/cpb/medical/data/1_99/0039.html was referenced: AETNA guidelines are used which considers weight reduction medically necessary and states considered medically necessary for weight reduction counseling in adults who are obese (as defined by BMI 30 kg/m²). AETNA allows for medically supervised programs only and not other programs such as exercise programs or use of exercise equipment, [REDACTED] or other special diet supplements (e.g., amino acid supplements, [REDACTED] liquid protein meals, [REDACTED] pre-packaged foods, or phytotherapy), [REDACTED], [REDACTED], [REDACTED], [REDACTED], or similar programs. Per request for authorization form dated 07/15/15, treater's reason for the request is "PREVIOUSLY REQUESTED IN APRIL BUT WAS PUT ON HOLD UNTIL SHE HAD HER SURGERY WITH [REDACTED] SURGERY TOOK PLACE ON 6/16/15 AND PATIENT IS NOW READY TO BE REFERRED FOR WEIGHT LOSS PROGRAM." Per progress report dated 05/28/15, objective findings reveal the patient is 5'9" and weight 280 lbs (was 180 lbs prior to injury), which is a BMI of 41.3. Physician-monitored programs are supported for those with BMI greater than 30, for which the patient qualifies. Although treater states goal is to lose 100 pounds, there is no discussion or documentation of any steps taken by the patient to achieve those goals. There is no mention of trialed and failed caloric restrictions with increased physical activities. Furthermore, the request is open ended without a specified duration for the treatment. Therefore, this request IS NOT medically necessary.