

Case Number:	CM15-0024522		
Date Assigned:	02/17/2015	Date of Injury:	03/13/2003
Decision Date:	03/27/2015	UR Denial Date:	01/22/2015
Priority:	Standard	Application Received:	02/09/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 male with an industrial injury dated 03/13/2003. His diagnoses include lumbar spine strain/sprain, status post left shoulder surgery (05/18/2005), status post right knee surgery (06/26/2005), and status post right knee replacement 08/07/2007. Recent diagnostic testing has included some laboratory testing. Previous treatments have included surgeries and medications. In a progress note dated 01/08/2015, the treating physician reports unchanged bilateral knee pain. The objective examination (12/30/2014) revealed diminished sensation to the mid-anterior left thigh and left lateral ankle. According to a progress note dated 11/04/2014, the injured worker reported had gained 60-70 pounds since the injury due to immobility. The treating physician is requesting 1 [REDACTED] program (frequency/duration-unspecified) secondary to low back, left shoulder, right knee and left knee injuries which was denied by the utilization review. On 01/22/2015, Utilization Review non-certified a request for 1 [REDACTED] program (frequency/duration-unspecified) secondary to low back, left shoulder, right knee and left knee injuries as an outpatient, noting the lack of evidence that the proposed program is a supervised program, and absence of clinical evidence to support the need for this type of program (body mass index, weight and height, and past attempts at self-monitored weight loss). The ACOEM Guidelines were cited. On 02/09/2015, the injured worker submitted an application for IMR for review of 1 [REDACTED] program (frequency/duration-unspecified) secondary to low back, left shoulder, right knee and left knee injuries.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 [REDACTED] Program (frequency/duration-unspecified) secondary to low back, left shoulder, right knee, left knee injuries: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Independent Medical Examinations and Consultations Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7), page 127

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (1) Tsai AG, Wadden TA. Systematic review: An evaluation of major commercial weight loss programs in the United States. *Ann Intern Med.* 2005;142 (2) Wadden TA, Berkowitz RI, Womble LG, et al. Randomized trial of lifestyle modification and pharmacotherapy for obesity. *N Engl J Med.* 2005;353 (20):2111-2120

Decision rationale: The claimant is more than 2 years status post work-related injury and continues to be treated for chronic low back pain and has gained a significant amount of weight. In terms of weight loss, controlled trials are needed to determine the amount of weight lost and health benefit associated with weight loss programs. In this case, there is no evidence that the claimant has failed a non supervised weight loss program including a low calorie diet and increased physical activity, which might include a trial of pool therapy. Therefore, the requested weight loss program is not medically necessary.