

Case Number:	CM15-0218100		
Date Assigned:	11/10/2015	Date of Injury:	08/25/2009
Decision Date:	12/24/2015	UR Denial Date:	10/27/2015
Priority:	Standard	Application Received:	11/05/2015

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: Iowa, Illinois, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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:

This is a 61 year old female who sustained a work-related injury on 8-25-09. She reported a slip and fall incident during which fell onto her face, stomach and shoulders. She was treated with NSAIDS, a knee brace and returned to regular work duties. She reported increasing discomfort with her knees, shoulder, back, neck and right hip. Medical record documentation on 10-2-15 revealed the injured worker was being treated for hypertension, shoulder impingement syndrome, gastroesophageal reflux disease, irritable bowel syndrome and fibromyalgia. The injured worker reported an increase in reflux and complained of regurgitation. She had gained 15 pounds. Objective findings included right knee pain. Her weight was 208 pounds. Her treatment plan included Pepcid 20 mg, Vitamin D3, Cozaar 50 mg and [REDACTED] for 10 weeks. On 10-16-15, the injured worker reported neck pain and bilateral shoulder pain. Objective findings included tenderness to palpation of the cervical paraspinal muscles bilaterally with guarding. Her cervical spine range of motion included flexion to 41 degrees, extension to 35 degrees, right rotation to 57 degrees, left rotation to 53 degrees, right bending to 34 degrees and left bending to 35 degrees. Her bilateral shoulder range of motion included flexion to 95 degrees, extension to 40 degrees, abduction to 90 degrees, adduction to 30 degrees, internal rotation to 60 degrees and external rotation to 65 degrees. She had positive impingement signs and pain above 90 degrees. On 10-27-15, the Utilization Review physician determined 10 weeks of [REDACTED] was not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

██████████ **10 Weeks:** Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Website: www.ncbi.gov.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation UptoDate.com, Obesity in adults: Overview of management.

Decision rationale: MTUS is silent specifically regarding medical weight loss programs. Uptodate states, "Overweight is defined as a BMI of 25 to 29.9 kg/m²; obesity is defined as a BMI of 30 kg/m². Severe obesity is defined as a BMI 40 kg/m² (or 35 kg/m² in the presence of comorbidities). Additionally, Assessment of an individual's overall risk status includes determining the degree of overweight (body mass index [BMI]), the presence of abdominal obesity (waist circumference), and the presence of cardiovascular risk factors (e.g., hypertension, diabetes, dyslipidemia) or comorbidities (e.g., sleep apnea, nonalcoholic fatty liver disease). The relationship between BMI and risk allows identification of patients to target for weight loss intervention (algorithm 1). There are few data to support specific targets, and the approach described below is based upon clinical experience. All patients who would benefit from weight loss should receive counseling on diet, exercise, and goals for weight loss. For individuals with a BMI 30 kg/m² or a BMI of 27 to 29.9 kg/m² with comorbidities, who have failed to achieve weight loss goals through diet and exercise alone, we suggest pharmacologic therapy be added to lifestyle intervention. For patients with BMI 40 kg/m² who have failed diet, exercise, and drug therapy, we suggest bariatric surgery. Individuals with BMI >35 kg/m² with obesity-related comorbidities (hypertension, impaired glucose tolerance, diabetes mellitus, dyslipidemia, sleep apnea) who have failed diet, exercise, and drug therapy are also potential surgical candidates, assuming that the anticipated benefits outweigh the costs, risks, and side effects of the procedure." The treating physician does not detail what weight loss (diet, exercise, and counseling) has been unsuccessful or why this particular program is being requested. As such, the request for ██████████ 10 Weeks is not medically necessary.