

Case Number:	CM15-0035411		
Date Assigned:	03/03/2015	Date of Injury:	02/25/2014
Decision Date:	04/22/2015	UR Denial Date:	01/30/2015
Priority:	Standard	Application Received:	02/25/2015

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: New Jersey, New York
Certification(s)/Specialty: Family Practice

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 58 year old female who sustained an industrial injury on February 25, 2014. She has reported injury to the right foot and has been diagnosed with right foot sprain and tendinitis of the right foot. Treatment has included medications and physical therapy. Currently the injured worker had dull achy pain at the right ankle, increased with prolonged walking and decreased with rest. The treatment plan included a [REDACTED] program.

IMR ISSUES, DECISIONS AND RATIONALES

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

[REDACTED] program: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation J Am Diet Assoc. 2007 Oct; 107 (10): 1755-67.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation USPSTF Screening for and management of obesity in adults, Annals of Internal Medicine.

Decision rationale: The request for the [REDACTED] weight loss program is not medically necessary. The use of a weight loss program is not addressed in any guidelines found in MTUS or ODG.

According to USPSTF, a weight loss program can aid a patient's recovery however, one program has not been shown to be more effective than others. The patient can also receive care through her primary care physician, dietician, and changing her diet and lifestyle. However, the patient was documented to have a normal BMI, so a weight loss program is not necessary. Therefore, the request is considered not medically necessary.