

Case Number:	CM15-0049461		
Date Assigned:	03/23/2015	Date of Injury:	01/20/2004
Decision Date:	05/01/2015	UR Denial Date:	02/27/2015
Priority:	Standard	Application Received:	03/16/2015

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: Utah, Arkansas

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 47 year old male, who sustained an industrial injury on 1/20/04. He reported back pain and shoulder pain. The injured worker was diagnosed as having knee pain, chronic pain, obesity, back pain, and bilateral shoulder pain. Treatment to date has included L2-5 fusion on 6/6/13, right open carpal tunnel release on 8/6/14, total knee arthroplasty in January 2011, physical therapy, a home exercise program, and opioid medications. Currently, the injured worker complains of back pain and right knee pain. The treatment plan included left shoulder repair planned for April second. The injured worker has a diagnosis of obesity and was having difficulty losing weight. The treating physician requested authorization for an ideal total protein weight loss program. The injured worker has had success losing weight with the ideal total protein weight loss program having lost over 100 pounds previously.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ideal Total Protein Weight Loss Program: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medical Disability Advisor, Chapter Obesity.

Decision rationale: MTUS treatment guidelines do not specifically talk about weight loss program. Therefore, other guidelines were used in this review to this specific case, and the clinical documents were reviewed. The Medical Disability Guidelines were used. While calorie restriction is recommended, and encouraged, there is no specific guideline for weight loss programs. Therefore, a specific program is not recommended. Accepting self-responsibility is the goal of the ACOEM guidelines. If the injured patient wants to attend a weight loss program, they can. There is no rationale as to why this needs to be provided, as it is not medical care. According to the clinical documentation provided and current guidelines; a Weight Loss Program is not indicated as a medical necessity to the patient at this time.