

Case Number:	CM15-0057047		
Date Assigned:	04/29/2015	Date of Injury:	02/19/2013
Decision Date:	05/26/2015	UR Denial Date:	03/11/2015
Priority:	Standard	Application Received:	03/25/2015

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: California, Indiana, New York
Certification(s)/Specialty: Internal 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:

The injured worker is a 57 year old male with an industrial injury dated 02/19/2013. His diagnoses included post op status arthroscopic surgery both shoulders, lumbosacral strain, left knee strain and right trochanteric bursitis. Prior treatments included physical therapy, acupuncture and medications. He presents on 02/11/2015 with complaints of left elbow pain stiffness and swelling. Left elbow was tender. The treatment plans included weight loss program with [REDACTED].

IMR ISSUES, DECISIONS AND RATIONALES

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

1 supervised weight loss program ([REDACTED]): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Snow V, Barry P, Fitterman N, Qaseem A, Weiss K. Pharmacologic and surgical management of obesity in primary care: a clinical practice guideline from the American College of Physicians. Ann Intern Med 2005 Apr 5; 142(7): 525-31.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://emedicine.medscape.com/article/123702-treatment>.

Decision rationale: Pursuant to Medline plus (see attached link) one supervised weight loss program ([REDACTED]) is not medically necessary. Treatment of obesity starts with comprehensive lifestyle management (i.e. diet, physical activity, behavioral modification) which should include the following: self-monitoring of caloric intake and physical activity; goal setting; stimulus control; nonfood rewards; and relapse prevention. See attached link for details. In this case, the injured worker's working diagnoses are completely illegible. The requesting providers progress note is dated March 25, 2015. Subjectively, the injured worker has left elbow pain and left knee pain. Progress note is largely illegible. The diagnoses are completely illegible. There is no height and there is no weight documented in the medical record. There is no BMI documented in the medical record. According to a QME performed September 22, 2014, the injured worker was 6 foot 3 inches and 305 pounds. Treatment of obesity starts with comprehensive lifestyle management (i.e. diet, physical activity, behavioral modification) which should include the following: self-monitoring of caloric intake and physical activity; goal setting; stimulus control; nonfood rewards; and relapse prevention. There is no documentation supporting an attempted home weight loss program. There is no documentation of height, weight and BMI to determine whether the injured worker suffers with obesity. Consequently, absent a height, weight and BMI and attempted home weight loss program, one supervised weight loss program ([REDACTED]) is not medically necessary.