

Case Number:	CM15-0085591		
Date Assigned:	05/08/2015	Date of Injury:	08/01/1993
Decision Date:	06/23/2015	UR Denial Date:	04/07/2015
Priority:	Standard	Application Received:	05/05/2015

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: Texas, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational 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 was a 53 year old male, who sustained an industrial injury, August 1, 1993. The injured worker previously received the following treatments Synvisc injection, cortisone injection, Lexapro, Norco, Trazodone, Cyclobenzaprine, Naprosyn, Alprazolam, aqua therapy, physical therapy and home exercise program. Diagnostics have included right knee MRI, right knee x-rays, left foot x-rays, left ankle MRI, left ankle injection, EMG/NCS (electrodiagnostic studies and nerve conduction studies) of the upper extremities. The injured worker was diagnosed with right knee pain, possible internal derangement of the right knee, cervical degenerative disc disease with facet arthropathy and bilateral upper extremity radiculopathy, thoracic sprain/strain syndrome with spondylolisthesis at T9-T10, lumbar degenerative disc disease with facet arthropathy and foraminal narrowing and associated bilateral lower extremity radiculopathy, bilateral peroneal neuropathy, bilateral knee internal derangement right greater than the left, left ankle traumatic arthritis, reactionary depress and anxiety, medication induced gastritis and bilateral ulnar nerve entrapment. According to progress note of November 19, 2014, the injured workers chief complaint was bilateral foot pain including the toes. There was tingling in the medial left ankle and right planter heel. There was swelling in the left ankle. The physical exam noted pain with palpation of the left planter fascia and posterior talus. The treatment plan included requesting a [REDACTED] weight loss program.

IMR ISSUES, DECISIONS AND RATIONALES

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

██████ weight loss program: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation 1.2013 AHA/ACC/TOS guideline for the management of overweight and obesity in adults.

Decision rationale: The injured worker sustained a work related injury on August 1, 1993. The medical records provided indicate the diagnosis of Synvisc injection, cortisone injection, Lexapro, Norco, Trazodone, Cyclobenzaprine, Naprosyn, Alprazolam, aqua therapy, physical therapy and home exercise program. The injured worker was diagnosed with right knee pain, possible internal derangement of the right knee, cervical degenerative disc disease with facet arthropathy and bilateral upper extremity radiculopathy, thoracic sprain/strain syndrome with spondylolisthesis at T9-T10, lumbar degenerative disc disease with facet arthropathy and foraminal narrowing and associated bilateral lower extremity radiculopathy, bilateral peroneal neuropathy, bilateral knee internal derangement right greater than the left, left ankle traumatic arthritis, reactionary depress and anxiety, medication induced gastritis and bilateral ulnar nerve entrapment. The medical records provided for review do not indicate a medical necessity for ██████ weight loss program. The MTUS and the Official Disability Guidelines are silent on the topic. Quoting the recommendation of the American College of Cardiology/American Heart Association Task Force on Practice Guidelines and The Obesity Society, the National Guidelines Clearinghouses states as follows: 1. Advise overweight and obese individuals who would benefit from weight loss to participate for 6 months in a comprehensive lifestyle program that assists participants in adhering to a lower-calorie diet and in increasing physical activity through the use of behavioral strategies. 2. Prescribe on-site, high-intensity (i.e., 14 sessions in 6 mo) comprehensive weight loss interventions provided in individual or group sessions by a trained interventionist. 3. Prescribe commercial-based programs that provide a comprehensive lifestyle intervention as an option for weight loss, provided there is peer-reviewed published evidence of their safety and efficacy. 4. Advise overweight and obese individuals who have lost weight to participate long term (1 year) in a comprehensive weight loss maintenance program. No peer reviewed article was found supporting the ██████ Weight loss program; besides, in the article "Systematic review: an evaluation of major commercial weight loss programs in the United States." The authors concluded that the evidence to support the use of major commercial and self-help weight loss program is suboptimal. The above request is not medically necessary.