

Case Number:	CM15-0086021		
Date Assigned:	05/08/2015	Date of Injury:	11/01/2008
Decision Date:	06/18/2015	UR Denial Date:	04/13/2015
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: 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 63 year old female, who sustained an industrial injury on 11/01/2008. The initial complaints and diagnoses were not mentioned in the clinical notes. Treatment to date has included conservative care, medications, physical therapy, and right carpal tunnel release surgery. Currently, the injured worker complains of chronic bilateral wrist and hand pain, neck pain, low back pain, and bilateral knee pain. The injured worker reported that her right wrist pain has increased since surgery. Physical therapy was reported to provide some relief. The diagnoses include cervical spine strain, lumbar disc bulges, status post right wrist surgery, left carpal tunnel syndrome, probable right knee internal derangement, probable left knee internal derangement, and other problems unrelated to current evaluation. The request for authorization included an initial weight loss consultation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Initial Weight Loss Consultation: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation
http://www.aetna.com/cpb/medical/data/1_99/0039.html.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medscape Internal Medicine 2014- Obesity and Chronic Pain.

Decision rationale: Obesity is a risk factor for chronic non-malignant pain (CNMP) and patients with CNMP often gain weight, which worsens many musculoskeletal pains and impedes rehabilitation. Weight loss programs and [REDACTED] should be recommended, but results are often disappointing. Bariatric surgery may be an option. The documentation indicates the claimant has chronic pain and is morbidly obese by BMI criteria. The claimant would benefit from significant and sustained weight loss. Medical necessity for the requested weight loss consultation is established. The requested consultation is medically necessary.