

Case Number:	CM14-0123813		
Date Assigned:	08/08/2014	Date of Injury:	02/29/2012
Decision Date:	09/30/2014	UR Denial Date:	08/01/2014
Priority:	Standard	Application Received:	08/05/2014

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. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Medicine, and is licensed to practice in Texas. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 42 year old female whose date of injury is 02/29/2012. The injured worker walked into a pole sticking out from a canopy. Diagnoses are polyarthritis, osteoarthritis and pain in the neck/shoulder. Follow up note dated 06/05/14 indicates that the injured worker complains of increased right shoulder pain. She weighs 323 pounds. The injured worker underwent right shoulder subacromial joint injection on this date.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 WEIGHT LOSS PROGRAM WITH ACUPUNCTURE TECHNIQUE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 1 Prevention.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence:-Aetna Clinical Policy bulletin Weight reduction medications and programs. http://www.aetna.com/cpb/medical/data/1_99/0039.html (electronically sited).

Decision rationale: Based on the clinical information provided, the request for 1 weight loss program with acupuncture technique is not recommended as medically necessary. The submitted records do not quantify the injured worker's BMI. There is no indication that diet and independent exercise have been tried and failed. There are no measurable goals and objectives

submitted for review. Aetna Clinical Policy bulletin Weight reduction medications and programs indicates that acupuncture for weight loss is considered experimental and investigational. Therefore, the medical necessity of this request is not established.