

Case Number:	CM14-0150315		
Date Assigned:	09/18/2014	Date of Injury:	03/14/2012
Decision Date:	12/24/2014	UR Denial Date:	08/25/2014
Priority:	Standard	Application Received:	09/16/2014

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 Orthopedic Surgery and is licensed to practice in California. 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 61-year-old with a reported industrial injury on March 14, 2012. An exam note reported June 19, 2014 demonstrates complaints of right shoulder pain and weakness. There is complaint of lumbar spine pain radiating to the lower extremities. Diagnosis is made of lumbar spine sprain and strain with bilateral lower extremity radiculopathy, right knee sprain and right shoulder strain. Exam note dated August 8, 2014 demonstrates patient underwent right shoulder injection on August 4, 2014. The diagnosis is lumbar sprain strain with bilateral lower extremity radiculopathy, right knee sprain and right shoulder sprain. The treatment plan includes weight loss program, as the patient weighs 321 pounds.

IMR ISSUES, DECISIONS AND RATIONALES

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

Weight loss program Lindora ten (10) week program: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Reference: Franz MJ, VanWormer JJ, Crain AL, Boucher JL, Histon T, Caplan W, Bowman JD, Pronk NP. Weight-loss outcomes: a systematic review and meta-analysis of weight-loss clinical trials with a minimum 1-year follow-up. J Am Diet Assoc. 2007 Oct;107(10):1755-67

Decision rationale: The CA MTUS/ACOEM/and the ODG are silent on the issue of weight loss program. A review of the literature demonstrates recommendation of reduced caloric diet along with exercise program to promote weight loss. In this case there is lack of documentation that the employee has adequately tried and failed self-weight loss, exercise and or diet, which is not present in this case. The request for a weight loss program is therefore not medically necessary and appropriate.