

Case Number:	CM14-0157622		
Date Assigned:	09/30/2014	Date of Injury:	04/06/2013
Decision Date:	03/19/2015	UR Denial Date:	09/03/2014
Priority:	Standard	Application Received:	09/25/2014

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. 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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 38-year-old male who reported an injury on 04/06/2013 after being hit by a motor vehicle. The injured worker reportedly sustained injuries to the bilateral knees, right arm, spine, and left foot. The injured worker's treatment history included physical therapy and splinting. The injured worker also has a history significant for surgical intervention of the right knee. The injured worker was evaluated on 04/08/2014. It was documented that the injured worker had lost 45 pounds. Physical findings included a weight of 175 pounds. The injured worker's diagnoses included obesity and hypertension. The injured worker's treatment plan included continuation of a [REDACTED] weight loss program for 6 weeks. A Request for Authorization form was submitted on 04/08/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

[REDACTED] weight loss program for ten weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Diabetes Chapter, Lifestyle Modifications.

Decision rationale: The requested [REDACTED] weight loss program for 10 weeks is not medically necessary or appropriate. California Medical Treatment Utilization Schedule do not address this request. Official Disability Guidelines recommend supervised weight loss programs for patients who have failed to respond to individualized weight loss programs that are self managed and require a more supervised approach. The clinical documentation indicates that the injured worker has been participating in a [REDACTED] weight loss program that has been effective as the patient has lost 45 pounds. The injured worker should be well versed in a self managed program. Although a limited period of time to transition the patient into a self managed weight loss program with dietary restrictions and increased exercise would be supported, 10 weeks would be considered excessive. As such, the requested [REDACTED] weight loss program for 10 weeks is not medically necessary or appropriate.