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| Case Number: | CM14-0210573 | | |
| Date Assigned: | 12/23/2014 | Date of Injury: | 09/29/2010 |
| Decision Date: | 02/17/2015 | UR Denial Date: | 12/11/2014 |
| Priority: | Standard | Application Received: | 12/16/2014 |

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 Occupational Medicine 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:

This case is a 52 year old female employee with a date of injury on 9/29/2010. A review of the medical records indicate that the patient has been undergoing treatment for traumatic arthropathy of the ankle and foot, osteoarthritis, right shoulder subacromial impingement syndrome, thoracic spine sprain, and "severe exogenous obesity associated with anxiety". Subjective complaints (11/24/2014) include "symptoms unchanged since last examination", moderate right knee pain. Objective findings (11/24/2014) include height of 5'0" and weight of 225 pounds. Treatment has included ultra, Tylenol, Naprosyn. A utilization review dated 12/11/2014 non-certified a request for [REDACTED] medical weight loss program due to lack of documented prior weight loss attempt.

IMR ISSUES, DECISIONS AND RATIONALES

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

[REDACTED] medical weight loss program: 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 Other Medical Treatment Guideline or Medical Evidence: UptoDate.com, Obesity in adults: Overview of management.

Decision rationale: MTUS is silent specifically regarding medical weight loss programs. Uptodate states, "Overweight is defined as a BMI of 25 to 29.9 kg/m²; obesity is defined as a BMI of 30 kg/m². Severe obesity is defined as a BMI 40 kg/m² (or 35 kg/m² in the presence of comorbidities)" Additionally, "Assessment of an individual's overall risk status includes determining the degree of overweight (body mass index [BMI]), the presence of abdominal obesity (waist circumference), and the presence of cardiovascular risk factors (eg, hypertension, diabetes, dyslipidemia) or comorbidities (eg, sleep apnea, nonalcoholic fatty liver disease). The relationship between BMI and risk allows identification of patients to target for weight loss intervention (algorithm 1). There are few data to support specific targets, and the approach described below is based upon clinical experience." "All patients who would benefit from weight loss should receive counseling on diet, exercise, and goals for weight loss. For individuals with a BMI 30 kg/m² or a BMI of 27 to 29.9 kg/m² with comorbidities, who have failed to achieve weight loss goals through diet and exercise alone, we suggest pharmacologic therapy be added to lifestyle intervention. For patients with BMI 40 kg/m² who have failed diet, exercise, and drug therapy, we suggest bariatric surgery. Individuals with BMI >35 kg/m² with obesity-related comorbidities (hypertension, impaired glucose tolerance, diabetes mellitus, dyslipidemia, sleep apnea) who have failed diet, exercise, and drug therapy are also potential surgical candidates, assuming that the anticipated benefits outweigh the costs, risks, and side effects of the procedure."The treating physician explains that a weight of below 200 is necessary to undergoing right knee replacement. The patient has a calculated BMI of 43, which would be considered severely obese. The treating physician writes that the patient is unable to make any progress with weight loss on her own, but do not detail what weight loss (diet, exercise, and counseling) has been undertaken. Additionally, the treating physician suggests through diagnosis that the patient's obesity is linked with her anxiety, but no details are provided. As such, the request for [REDACTED] Fast medical weight loss program is not medically necessary.