

Case Number:	CM15-0115963		
Date Assigned:	06/24/2015	Date of Injury:	08/11/2010
Decision Date:	07/30/2015	UR Denial Date:	06/12/2015
Priority:	Standard	Application Received:	06/16/2015

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: 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 25 year old female who sustained a work related injury August 11, 2010. While working in a stock room, she fell six to seven feet from a ladder, and was diagnosed with a medial malleolar fracture with distal fibula fracture/medial angulation, right ankle. On August 19, 2010, she underwent an open reduction and internal fixation of the right ankle and s/p partial osteoectomy of the medial malleolus and arthrotomy of right ankle September 13, 2012. According to an agreed orthopedic medical evaluation, dated April 8/13, 2015, the injured worker presented for evaluation. Physical examination revealed; 5' 4" and 285 pounds. She walks with an obvious limp, is not wearing a brace, and is not using any external support. Examination of the right ankle revealed diffuse swelling and tenderness with restricted range of motion. There is crepitus and grinding with range of motion of the ankle. She is unable to stand on her heels and toes. Dorsiflexion range of motion is from 5-10 degrees; plantar range of motion 20-25 degrees; and inversion eversion approximately 10 degrees. X-rays were taken during the visit (report not present in the medical record) and revealed severe and advanced arthritis of the tibiotalar joint with no cartilage interval space, degenerative changes, some lateral translation of the talus with two screws medially, a plate and five screws. The physician documents the injured worker weighed 230 pounds and has gained 50-60 pounds since the accident. Diagnoses are severe advanced arthritis; compensatory left ankle problems. Recommendations included weight loss, removal of hardware, and an ankle fusion. At issue, is the request for a [REDACTED] weight loss program.

IMR ISSUES, DECISIONS AND RATIONALES

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

■■■■ weight loss program: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Aetna.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ESI Page(s): 46-47. Decision based on Non-MTUS Citation www.aetna.com/cpb/medical/data/1_99/0039.html, www.lindora.com/lhc-riteaid.aspx.

Decision rationale: Based on the 04/13/15 agreed medial report provided by treating physician, the patient presents with right ankle pain. The patient is status post right ankle ORIF 08/19/10 and partial osteoectomy of the medial malleolus and arthrotomy of right ankle 09/13/12. The request is for ■■■■ WEIGHT LOSS PROGRAM. Patient's diagnosis on 06/20/14 per 04/13/15 AME report included right ankle fracture, status post surgery, obesity, pes planus right foot, post-traumatic arthritis and right ankle strain. The patient is unable to stand on her heels and toes. Physical examination to the right ankle on 04/13/15 revealed medial and lateral scars, diffuse tenderness, swelling and restricted range of motion. Treatment to date included surgery, imaging studies, injection, and medications. The patient is temporarily totally disabled. Two AME reports dated 02/25/15 and 04/18/15 were provided. MTUS Guidelines page 46 and 47 recommends exercise, but states that there is no sufficient evidence to support the recommendation of any particular exercise regimen over any other exercise regimen. MTUS, ODG, nor ACOEM are silent on weight loss programs. Therefore, the AETNA website was referenced: www.aetna.com/cpb/medical/data/1_99/0039.html. AETNA allows "medically supervised" weight loss program only if the patient has failed caloric restriction and physical activity modifications. www.lindora.com/lhc-riteaid.aspx states that the ■■■■ is a medically supervised weight loss program. The patient's documented weight of 285 pounds and 5'4" height yields a calculated BMI of 48.9. The patient has a diagnosis of obesity. However, progress report nor RFA with the request were provided, hence medical rationale was not available, either. There is no mention of physical activity modifications, trialed and failed caloric restrictions, nor failure of home exercise program. Furthermore, there is no end-point to the request, as the duration of the program is indeterminate. Therefore, the request IS NOT medically necessary.