

Case Number:	CM15-0119872		
Date Assigned:	06/30/2015	Date of Injury:	06/27/2013
Decision Date:	07/31/2015	UR Denial Date:	05/28/2015
Priority:	Standard	Application Received:	06/22/2015

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: Preventive Medicine, Occupational Medicine

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 female who sustained an industrial injury on June 27, 2013. She has reported pain in the low back and left leg and has been diagnosed with internal derangement of the left knee with early chondromalacia patella and possible medial meniscal damage, chronic low back pain rule with L5 S1 3-4 mm herniated lumbar disc, left sciatica, T12 L1 spondylosis and degenerative disc disease, right elbow olecranon tendinitis, cervical sprain with trapezius trigger point tendinitis, and exogenous obesity 233 pounds/ 5 feet tall. Treatment has included medications, injections, activity modification, bracing, physical therapy, and acupuncture. Local tenderness was found in interspinous ligaments at L5 S1. Very slight tenderness or muscle spasm was present in the paraspinal muscles. Palpation of the lumbar spine revealed moderate tenderness over the left sacroiliac joint and slight to moderate tenderness over the left sciatic notch. There was decreased range of motion with forward flexion. The treatment request included a [REDACTED] weight loss program to lose 100 pounds.

IMR ISSUES, DECISIONS AND RATIONALES

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

[REDACTED] Weight Loss Program to Lose 100 Pounds: 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 The Practical Guide: Identification, Evaluation, and Treatment of Overweight and Obesity in Adults, NIH Publication No. 00-4084, October 2000.

Decision rationale: The MTUS Guidelines does not address weight loss programs as medically necessary treatment. The cited guidelines do not address any specific weight loss program such as [REDACTED]. Although interventions for weight loss may be indicated, and are supported by the cited guidelines, there is no indication that any consumer based weight loss program would be more beneficial than a program designed by the treating physician, or by a primary care provider. The cited guidelines provide the essential elements for primary care providers to direct patients to healthy weight loss. There is no documentation that the injured worker has any medical condition that would limit her ability to lose weight. The request for [REDACTED] weight loss program to lose 100 pounds is not determined to be medically necessary.