MAXIMUS Federal Services

Case Number:	CM15-0121756		
Date Assigned:	07/02/2015	Date of Injury:	05/22/2001
Decision Date:	08/05/2015	UR Denial Date:	06/02/2015
Priority:	Standard	Application Received:	06/23/2015

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: North Carolina, Georgia
Certification(s)/Specialty: Family Practice

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 55-year-old female who sustained an industrial/work injury on 5/22/01. She reported an initial complaint of lower back pain that radiates to both legs. The injured worker was diagnosed as having chronic lumbosacral strain, degenerative disc disease, and right knee tricompartmental arthrosis, s/p left knee replacement. Treatment to date included medication, neurologist, surgery (total knee replacement on 5/2009), and diagnostic testing. Currently, the injured worker complained of headaches, dizziness, cognitive changes, severe lumbar pain and knee pain. Per the neurology evaluation on 2/11/15, examination revealed weight gain, using a cane for ambulation and bilateral knee braces. There was craniocervical spasm, tenderness bilaterally at the occipital regions and bifrontal regions of her head, decreased memory and attention span, slightly weak left hand grip, decreased effort and weak bilateral foot dorsiflexion with pain, decreased sensation bilaterally in outer thighs and plantar aspects of both feet, positive Romberg test, bilateral knee tenderness and ankle tenderness, lumbar tenderness, bilateral sacroiliac joint tenderness, positive straight leg raise bilaterally at 20 degrees, positive Tinel's at the left wrist, hypoactive deep tendon reflexes. The requested treatments include Medical Weight Loss Program.

IMR ISSUES, DECISIONS AND RATIONALES

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

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 University of Michigan Health System. Obesity prevention and management. Ann Arbor (MI): University of Michigan Health System; 2013 Jul. 14.

Decision rationale: CA MTUS and ODG are silent on obesity management, an alternative guideline was consulted. Management of obesity includes counseling in lifestyle counseling, dietary interventions, increasing physical activity and ensuring adequate sleep. Medications should be considered if initial interventions are unsuccessful. When these interventions are unsuccessful, consideration of a multi-disciplinary weight loss, program or bariatric surgery may be considered. In this case, there is no documentation of any initial intervention for weight loss (no lifestyle counseling, dietary interventions, etc) and therefore there is no indication for referral to a multidisciplinary weight loss program. This request is not medically necessary.