

Case Number:	CM15-0027759		
Date Assigned:	02/20/2015	Date of Injury:	06/05/2009
Decision Date:	04/02/2015	UR Denial Date:	02/04/2015
Priority:	Standard	Application Received:	02/13/2015

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, Pain Management

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 54 year old male, who sustained an industrial injury on June 5, 2009. The diagnoses have included hip degenerative joint disease, facet arthropathy L3-S1 bilaterally, and status post hip joint replacement. Treatment to date has included a right total hip arthroplasty on January 6, 2014, heat, right L4-L5 selective nerve root block on the right, epidural steroid injection (ESI), and medications. Currently, the injured worker complains of right knee pain. The Primary Treating Physician's report dated January 27, 2015, noted the injured worker doing well after his right total hip arthroplasty in January 2014, with no limitations with the hip. The Physician noted the injured worker with a body mass index (BMI) of 40, requiring an aggressive weight loss program in anticipation that he may need to have spine surgery. On February 4, 2015, Utilization Review non-certified the [REDACTED] weight loss program and physical therapy 3 times a week for 4 weeks (12 sessions) for the low back, right lower extremity and right knee, noting that there was no documentation provided that the injured worker had tried and failed a reduced calorie diet along with an exercise program to promote weight loss, and physical therapy was indicated with modification to #2 visits to allow for functional improvements and/or decreased pain, re-education in a prescribed self-administered program with assessment of compliance. The MTUS Chronic Pain Medical Treatment Guidelines and non-MTUS guidelines were cited. On February 13, 2015, the injured worker submitted an application for IMR for review of the [REDACTED] weight loss program and physical therapy 3 times a week for 4 weeks (12 sessions) for the low back, right lower extremity and right knee.

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 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 Systematic review: an evaluation of major commercial weight loss programs in the United States. (<http://www.ncbi.nlm.nih.gov/pubmed/15630109>).

Decision rationale: Regarding the request for a weight loss program, CA MTUS and ODG do not address the issue. A search of the National Library of identified an article entitled Systematic review: an evaluation of major commercial weight loss programs in the United States. This article noted that, with the exception of 1 trial of ■■■■■, the evidence to support the use of the major commercial and self-help weight loss programs is suboptimal, and controlled trials are needed to assess the efficacy and cost-effectiveness of these interventions. Within the documentation available for review, the documentation does not clearly describe the patient's attempts at diet modification and a history of failure of reasonable weight loss measures such as dietary counseling, behavior modification, caloric restriction, and exercise within the patient's physical abilities. In light of the above issues, the currently requested weight loss program is not medically necessary.

Physical therapy 3 times a week for 4 weeks (12 sessions) for the low back, right lower extremity and right knee: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: Regarding the request for physical therapy, Chronic Pain Medical Treatment Guidelines recommend up to 10 sessions with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. Within the documentation available for review, there is no documentation of specific objective functional improvement with any previous sessions and remaining deficits that cannot be addressed within the context of an independent home exercise program, yet are expected to improve with formal supervised therapy. Furthermore, the request exceeds the amount of PT recommended by the CA MTUS and, unfortunately, there is no provision for modification of the current request. In light of the above issues, the currently requested physical therapy is not medically necessary.