

Case Number:	CM15-0064321		
Date Assigned:	04/10/2015	Date of Injury:	07/26/2014
Decision Date:	05/14/2015	UR Denial Date:	04/02/2015
Priority:	Standard	Application Received:	04/06/2015

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: New York, West Virginia, Pennsylvania
 Certification(s)/Specialty: Emergency 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 58 year old male, who sustained an industrial injury on 7/26/2014. He reported an injury from a trip and fall. The injured worker was diagnosed as having a failed total hip arthroplasty with failed antibiotic spacer, proximal femoral mal-union and significant heterotopic bone formation and super morbid obesity. The injured worker needs another surgery, but is overweight. Treatment to date has included surgery, physical therapy and medication management. In a progress note dated 3/11/2015, the injured worker complains of constant left hip pain and intermittent right hip and left knee pain. The treating physician is requesting a weight loss program- [REDACTED] or [REDACTED].

IMR ISSUES, DECISIONS AND RATIONALES

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

Weight loss program, [REDACTED] or [REDACTED]: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines California Code of Regulations, Title 8, Effective July 18, 2009. Decision based on Non-MTUS Citation Official Disability Guidelines - Work Loss Data Institute.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation CMS 40.5, ACOEM 2007 weight loss.

Decision rationale: Guidelines do not recommend a specific brand of weight loss program, except for exercise programs and dietary changes. In this case, there is no documentation of what attempts have been made to lose weight and no documentation of comorbidities meeting the criteria for a weight loss program. Since guidelines do not recommend specific weight loss programs, the request for weight loss program ([REDACTED] or [REDACTED]) is not medically necessary and appropriate.