

Case Number:	CM15-0074367		
Date Assigned:	04/24/2015	Date of Injury:	07/23/1987
Decision Date:	05/27/2015	UR Denial Date:	03/26/2015
Priority:	Standard	Application Received:	04/20/2015

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 70 year old male, who sustained an industrial injury on 07/23/1987. He has reported injury to the shoulders, elbows, wrists, hips, low back, knees, and feet. The diagnoses have included sprain/strain of the cervical spine with disc bulging; sprain/strain of the lumbar spine, superimposed upon disc bulging; and strain/sprain of the right knee and left knee. Treatment to date has included medications, diagnostics, injections, physical therapy, and surgical intervention. Medications have included Celebrex, Flexeril and, Vicodin. A progress note from the treating physician, dated 03/16/2015, documented a follow-up visit with the injured worker. Currently, the injured worker complains of increased pain in the left shoulder, left hip, and left knee; left knee pain is preventing him from walking for exercise; and pain is rated at 4-5/10 on the visual analog scale with medications, and 8/10 without medications. Objective findings have included tenderness over the left knee with +3 crepitus and +1 soft tissue swelling; and decreased range of motion of the bilateral knees, left greater than right. The treatment plan has included the request for a medically managed weight loss program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medically managed weight loss program: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: 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 [REDACTED], 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. More importantly, the morbid obesity is not clearly established as part of the industrial claim in the submitted documentation. The IMR process does not evaluate causation or determine apportionment. If the requesting provider feels the issue of morbid obesity is industrially related, then an AME can first determine causation. In light of the above issues, the currently requested weight loss program is not medically necessary.