

Case Number:	CM15-0079482		
Date Assigned:	04/30/2015	Date of Injury:	04/28/2011
Decision Date:	06/03/2015	UR Denial Date:	04/09/2015
Priority:	Standard	Application Received:	04/24/2015

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: Montana

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 55 year old male Retail Sales Manager, who sustained an industrial injury to the left knee on 04/28/2011. He has reported subsequent back, wrist, hand, left elbow and shoulder pain and was diagnosed with left knee osteoarthritis, impingement syndrome of the left shoulder and bilateral wrist, hand, low back and left elbow pain. Treatment to date has included oral pain medication, physical therapy, bracing and surgery. A left total knee arthroplasty was performed in August 2014. In a progress note dated 03/06/2015, the injured worker complained of left knee, left shoulder, upper thoracic and low back pain. Objective findings were notable for diffuse tenderness of the left knee and swelling, tenderness of the lumbar spine with limited range of motion due to pain, lumboparaspinal musculature spasm, tenderness of the left elbow, tenderness of the left shoulder with positive impingement signs and limited range of motion with pain. The physician noted that the injured worker had significant weight gain a result of industrial injury and submitted a request for authorization of weight loss program for 3 months.

IMR ISSUES, DECISIONS AND RATIONALES

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

Weight loss program Qty 3 (months): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Annals of Internal Medicine, Volume 142, pages 1-42, January 2005 Evaluation of the commercial weight loss program.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Ann Intern Med. 2015 Apr 7; 162(7): 501-12., Efficacy of commercial weight-loss programs: an updated systematic review.

Decision rationale: The MTUS does not address weight loss programs. The Annals of Internal Med. 2015 Apr 7; 162(7): 501-12, article entitled "Efficacy of commercial weight-loss programs: an updated systematic review," evaluated commercial and proprietary weight-loss programs popular for obesity treatment whose efficacy is unclear. The study concluded that clinicians could consider referring overweight or obese patients to [REDACTED] or [REDACTED]. Other popular programs, such as [REDACTED], show promising weight-loss results; however, additional studies evaluating long-term outcomes are needed. Other weight loss programs may be medically monitored and include prescribed weight loss medications. In this case, no specific program or type of program is requested. The injured worker has a current BMI of 29.9, still in the overweight range but not classified as obese. The Utilization Review on 3/27/15 noted that nutritional counseling and a home exercise program should be adequate for initial treatment of weight gain. The request for Weight loss program Qty 3 (months) is not medically necessary.