

Case Number:	CM15-0091837		
Date Assigned:	05/18/2015	Date of Injury:	01/10/2000
Decision Date:	06/19/2015	UR Denial Date:	05/07/2015
Priority:	Standard	Application Received:	05/12/2015

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: Texas, California

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:

This is a 65-year-old female patient who sustained an industrial injury on January 10, 2000. She has reported a left shoulder and low back injury and has been diagnosed with status post arthroscopic surgery, left shoulder, status post subacromial decompression and resection of the acromioclavicular joint, sternoclavicular joint instability/arthritis, degenerative joint disease of the left shoulder, status post arthroscopic debridement, obesity, lumbar strain, and knee strain. Per the note dated 4/21/15, patient had 20 lbs weight gain due to inactivity. Physical examination noted lungs clear bilaterally, heart with a regular rhythm, abdomen soft with positive bowel sounds, cranial nerves intact bilaterally, and no edema to the extremities, skin warm and dry. The medications list includes ibuprofen. She has had lumbar MRI on 3/26/15, which revealed degenerative disk and facet joint disease; MRI of the left shoulder dated July 6, 2004, which revealed moderate size joint space effusion and degenerative tendinopathy of supraspinatus tendon; EMG/NCS dated 3/31/15, which revealed left subacute L4-5 and L5-S1 radiculopathy. Treatment has included medical imaging, surgeries including knee, shoulder and cervical spine; physical therapy, medications, and yoga. The treatment request included an unknown weight loss program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Unknown Weight Loss Program: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Physicians.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Knee & Leg (updated 05/05/15) Gym memberships and Other Medical Treatment Guidelines American Family Physician. 2006 Jun 1; 73(11): 2074-2077. Practice Guideline Joint Position Statement on Obesity in Older Adults.

Decision rationale: Unknown Weight Loss Program. ACOEM/CA MTUS do not specifically address weight loss program. Per the cited guidelines "with unsupervised programs there is no information flow back to the provider, so he or she can make changes in the prescription, and there may be risk of further injury to the patient. Gym memberships, health clubs, swimming pools, athletic clubs, etc., would not generally be considered medical treatment." Treatments for obesity either decrease energy intake or increase energy expenditure. Those that decrease energy intake have a greater potential for causing weight loss than those that increase energy expenditure through exercise. Per the Practice Guideline Joint Position Statement on Obesity in Older Adults "when beginning weight-loss therapy for older patients, all appropriate information should first be collected (i.e., medical history, physical examination, laboratory tests, medication assessment, and evaluation of the patient's of inclination to lose weight). Physicians should assist their patients in making lifestyle and behavioral changes by setting goals, supervising progress, and motivating patients". The records provided do not provide detailed information about patient's dietary history. The response to any prior attempts of weight loss treatments are not specified in the records provided. Any medications that may be contributing to his weight gain are not specified in the records provided. Any possible psychiatric co morbidities like depression or bulimia that may be contributing to the patient's weight gain are not specified in the records provided. The medical necessity of unknown Weight loss program is not fully established for this patient at this time.