

Case Number:	CM15-0097621		
Date Assigned:	05/28/2015	Date of Injury:	02/29/2012
Decision Date:	06/30/2015	UR Denial Date:	05/18/2015
Priority:	Standard	Application Received:	05/20/2015

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: Ohio, North Carolina, Virginia
 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:

The injured worker was a 43-year-old female, who sustained an industrial injury, February 29, 2012. The injured worker previously received the following treatments acupuncture and right shoulder arthroscopic surgery. The injured worker was diagnosed with pain in joint of shoulder and right shoulder surgery. According to progress note of March 27, 2015, the injured workers chief complaint was right shoulder and upper arm. The physical exam of the right shoulder revealed guarding of the right shoulder with pain in the anterior and AC joint. Movement were restricted with flexion limited to 65 degrees due to pain, abduction limited to 55 degrees due pain. Hawkin's test positive. Neer's test was positive. Belly test positive. Posterior test and Jobe's relocation test are negative ruling out joint laxity. On palpation, there was tenderness noted in the acromioclavicular joint and biceps groove. Previously did better with active physical therapy. There was pain and spasms in the lateral shoulder. The physical exam of the cervical spine noted paravertebral muscles, spasms, tenderness and tight muscle bands on the right side. The treatment plan included weight loss program for post-surgery recovery.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 weight loss program for post-surgery recovery: 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 www.mdguidelines.com/obesity.

Decision rationale: Specific references to weight loss programs could not be found within CA MTUS and the Official Disability Guidelines and therefore alternate sources were referenced. Regarding diagnosis: Does individual have a genetic predisposition to obesity? Does individual have history of hypothyroidism, Cushing's syndrome, or depression? Is individual taking drugs that may cause weight gain, such as steroids or certain antidepressants? What does individual eat? Is individual active? Does individual eat in response to negative emotions, such as boredom, sadness, or anger? Is individual a binge eater? Is individual very conscious of being overweight? Does individual complain of shortness of breath (dyspnea); fatigue; joint pain in the hips, knees, and ankles; or a general dissatisfaction with state of health? Was individual's body mass index (BMI) measured? Was it 30 or greater? 40 or greater? Was individual's waist hip ratio measured? Was blood sugar (glucose) measured at various times, including after a fast or ingestion of glucose (glucose tolerance test)? Were blood tests done to measure fats (lipids) and uric acid levels? Was a diagnosis of obesity confirmed? Regarding treatment: Was caloric intake reduced to 1,200 to 1,500 calories per day (women), or 1,500 to 1,800 calories per day (men)? Does individual avoid saturated fats? Is dietary content balanced? Is individual involved in an exercise program that promotes recommended amount of physical activity? Would individual benefit from enrollment in a community exercise or weight-loss program? Did individual maintain weight loss? Was individual compliant with treatment regimen? What could be done to increase compliance? - Would a behavior modification program be beneficial? Did individual with more than 180% overweight or with a BMI greater than 40 have surgery? What surgical procedure was performed? Gastric bypass or lap band? How effective was the procedure? In this instance, the injured worker had arthroscopic surgery on the right shoulder for chronic subacromial impingement, degenerative AC joint arthritis, a SLAP tear, and a partial rotator cuff tear on 3-27-2015. She continued to have pain and limited range of motion post-operatively. On 5-4-2015, the treating physician recommended that she lose 80 pounds for post surgical recovery and therefore requested a weight loss program. The weight given was 321 pounds. The requested weight loss program is not medically necessary and appropriate. The treating physician provides no discussion regarding any previous weight loss efforts such as diet and exercise. There is no discussion that suggests that obesity is an accepted injury by the insurance carrier. Documentation is lacking that the obesity was aggravated by the accepted injuries. Lastly, the treating physician provides no discussion as to how an improvement in the injured worker's obesity will improve her situation, specifically as it pertains to return to work issues.