

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

P.O. Box 138009

Sacramento, CA 95813-8009

(855) 865-8873 Fax: (916) 605-4270

**Independent Medical Review Final Determination Letter**

1286

[REDACTED]
 [REDACTED]
 [REDACTED]
 [REDACTED]

Dated: 12/20/2013

IMR Case Number:	CM13-0019009	Date of Injury:	12/03/2009
Claims Number:	[REDACTED]	UR Denial Date:	08/09/2013
Priority:	STANDARD	Application Received:	08/30/2013
Employee Name:	[REDACTED]		
Provider Name:	[REDACTED] MD		
Treatment(s) in Dispute Listed on IMR Application:			
LINDORA MEDICALLY SUPERVISED WEIGHT LOSS PROGRAM			

DEAR [REDACTED],

MAXIMUS Federal Services has completed the Independent Medical Review (“IMR”) of the above workers’ compensation case. This letter provides you with the IMR Final Determination and explains how the determination was made.

Final Determination: UPHOLD. This means we decided that none of the disputed items/services are medically necessary and appropriate. A detailed explanation of the decision for each of the disputed items/services is provided later in this letter.

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the Final Determination of the Administrative Director of the Division of Workers’ Compensation. This determination is binding on all parties.

In certain limited circumstances, you can appeal the Final Determination. Appeals must be filed with the Workers’ Compensation Appeals Board within 30 days from the date of this letter. For more information on appealing the final determination, please see California Labor Code Section 4610.6(h).

Sincerely,

Paul Manchester, MD, MPH
 Medical Director

cc: Department of Industrial Relations, [REDACTED]

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Internal Medicine and is licensed to practice in California. 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 physician 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/services.

DOCUMENTS REVIEWED

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]

CLINICAL CASE SUMMARY

The physician reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This patient is a 59-year-old female who reported an injury on 12/03/2009. The mechanism of injury was noted to be continuous trauma to the right foot, with the notes indicating on evaluation that the patient was a morbidly obese female. Current diagnoses for the patient are inclusive of a lumbar sprain and bilateral knee contusions as well as chronic pain syndrome, right foot plantar fasciitis, anxiety, depression, insomnia and right ankle internal derangement as well as left knee overload pain and a lumbar strain. The patient is status post right knee arthroscopy on 12/03/2011. Recent physical examination of the patient noted lumbar tenderness to palpation on the right at L4 and L5 with flexion of 40 degrees, extension of 20 degrees, right side bending of 30 degrees and left side bending of 40 degrees and bilateral rotation of 30 degrees. The notes indicate that the patient has a positive straight leg raise on the right with bilateral deep tendon reflexes of 2+. The notes indicate that the patient is not cooperative to walk on heels or toes, and there was no tenderness to palpation of the bilateral knees with flexion of 90 degrees and extension of 180 degrees. The notes indicate that the patient refused to undergo any testing due to low back pain. The notes indicate a treatment history of Hyalgan injections, with the clinical notes from 03/12/2013 indicating a request for injection #5 to the right knee. An Agreed Medical Evaluation was carried out on 12/03/2012, which indicated complaints of the patient of the bilateral feet, bilateral knees and low back. The notes indicated that on physical exam, the patient was at 4 feet 11 inches in height with a weight of 229 pounds. Future medical care considerations identified for the patient as of the evaluation on 12/03/2012 included a strong recommendation for a medically-supervised weight loss program. Per the clinical nurse case manager notes on 03/20/2013, certification was given for a weight loss program.

IMR DECISION(S) AND RATIONALE(S)

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

1. Lindora medically supervised weight loss program is not medically necessary and appropriate.

The Claims Administrator based its decision on the [[Insert Guidelines used]].

The Expert Reviewer found that no section of the MTUS was applicable. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Expert Reviewer based his/her decision on Laura P. Svetkey et al. Comparison of Strategies for Sustaining Weight Loss: The Weight Loss Maintenance Randomized Controlled Trial. JAMA. 2008;299(10):1139-1148.

The Physician Reviewer's decision rationale:

MTUS and ACOEM do not specifically address this issue. The referenced guidelines do not specifically address Lindora medically-supervised weight loss programs. However, an internet search indicates that Lindora medical weight loss programs provide a variety of program options for medically-supervised weight loss. A review of the documentation submitted for review indicates the patient to have undergone an AME on 12/03/2012 which detailed a strong recommendation for the participation of the patient in a medically-supervised weight loss program. Additionally, the clinical notes indicate that on 03/20/2013, certification was given for a weight loss program. However, subsequent clinical notes are insufficient to detail if the patient attended the medical weight loss program. Furthermore, the clinical notes from 07/16/2013 detailed the continued request for a medically-supervised weight loss program. The clinical notes from 08/20/2012 indicated that the patient had lost 14 pounds on her own over the preceding 6 months based on a walking program and with diet changes. However, there is no demonstrated failure of the patient to lose weight with other lower levels of standard diet and exercise. **The request for a Lindora medically-supervised weight loss program is not medically necessary and appropriate.**

Disclaimer: MAXIMUS is providing an independent review service under contract with the California Department of Industrial Relations. MAXIMUS is not engaged in the practice of law or medicine. Decisions about the use or nonuse of health care services and treatments are the sole responsibility of the patient and the patient's physician. MAXIMUS is not liable for any consequences arising from these decisions.

[REDACTED]

CM13-0019009