

<b>Case Number:</b>	CM13-0013444		
<b>Date Assigned:</b>	09/25/2013	<b>Date of Injury:</b>	09/25/2002
<b>Decision Date:</b>	01/29/2014	<b>UR Denial Date:</b>	08/05/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/16/2013

### 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 Family 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. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is diagnosed with acid reflux, obesity (BMI 35), IBS, hypertension with a normal 2D echocardiogram, and is status post right knee surgery for a torn meniscus.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Supervised weight loss program:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Overview of Therapy for Weight Loss in Adults. Up-to-date, By F. Xavier Pi-Sunyer, MD, MPH, et al; accessed online 1/27/14

**Decision rationale:** The patient is diagnosed with obesity, as defined by the body mass index; her BMI is 35. She does not have significant co-morbidities such as: diabetes, sleep apnea, coronary disease or other manifestations of atherosclerosis that would place her in a high risk category. There is no documentation in the clinical notes of any nutritional counseling nor any patient recorded dietary logs or exercise logs that would indicate that a 6 month trial of self care monitored by her clinician has either been tried or failed. A literature search failed to find compelling evidence from peer reviewed journals that referral to "weight loss programs" offers

any significant measurable benefit over monitored dietary and exercise interventions in the outpatient medical setting. The referral to a supervised weight loss program is non-certified.