

<b>Case Number:</b>	CM13-0031345		
<b>Date Assigned:</b>	12/11/2013	<b>Date of Injury:</b>	11/19/2011
<b>Decision Date:</b>	03/12/2014	<b>UR Denial Date:</b>	08/27/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/03/2013

### 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 Orthopedic Surgery and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working least at 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:

The patient is a 25-year-old female who was injured in a work related accident on 11/19/11. The clinical records indicated the claimant had left knee complaints, for which she was status post a left knee arthroscopy. The most recent assessment for review was dated 09/17/13 documenting "morbid obesity" with continued complaints of low back and left knee pain. Physical examination showed restricted range of motion of the knee with 5/5 strength to the lower extremities and negative straight leg raising. Diagnosis was status post lumbar laminectomy and knee arthroscopy as well as insomnia and morbid obesity. A sleep study was recommended as well as a weight loss program.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Weight loss program:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation.

**Decision rationale:** Based on California MTUS ACOEM 2004 Guidelines, the request for a weight loss program would not be indicated. A weight loss program would be considered a

personal risk modification plan, which in and of itself, would not be part of a work related injury but would be related to a lifestyle decision. The role of a weight loss program, based on the claimant's clinical complaints, and work related injury, would not be supported as medically necessary.