

<b>Case Number:</b>	CM13-0033189		
<b>Date Assigned:</b>	12/06/2013	<b>Date of Injury:</b>	03/08/2012
<b>Decision Date:</b>	03/31/2014	<b>UR Denial Date:</b>	10/01/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/09/2013

### 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 Internal Medicine & Emergency Medicine and is licensed to practice in Florida. 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 a 53 year-old with a date of injury of 03/08/12. The mechanism of injury was a trip and fall at work. She was diagnosed with a right wrist sprain/strain as well as knee contusion. The most recent progress note included by [REDACTED], dated 10/04/13, identified subjective complaints of ongoing neck pain with radiation to her head and neck. Wrist pain has remained constant and with radiation up the arm. Also right knee pain with radiation to her ankle. Objective findings included moderate tenderness of the right wrist. She could make a fist and extend her fingers fully. The right knee revealed some crepitus and positive patellar compression test. There was joint line tenderness. Diagnostic studies have included x-rays and MRI. Diagnoses indicate that the patient has a right wrist triangular fibrocartilage tear and post traumatic arthritis and primary and post-traumatic arthritis of the medial compartment and patella-femoral compartment. Treatment has included previous splinting, physical therapy and current oral analgesics. Treatment now recommended is weight loss. A Utilization Review determination was rendered on 10/01/13 recommending non-certification of "Medifast or Opiatfast weight loss program."

### IMR ISSUES, DECISIONS AND RATIONALES

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

[REDACTED] **Weight Loss Program:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Cornerstones of Disability Prevention and Management (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 5).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Cornerstones of Disability Prevention and Management (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 5) pg 83.

**Decision rationale:** The California MTUS does not address weight loss programs specifically. The MTUS does state: "To achieve functional recovery, patients must assume certain responsibilities. It is important that patients stay active or increase activity to minimize disuse, atrophy, aches, and musculoskeletal pain, and to raise endorphin levels. They must adhere to exercise and medication regimens, keep appointments, and take responsibility for their moods and emotional states. They must work within their medical restrictions, and refuse unreasonable requests by coworkers and supervisors to function over their limitations in a way that could endanger their health or safety." In this case, there is no documentation of reasonable attempts on the part of the claimant to reduce her weight including calorie restriction and exercise. Likewise, baseline weight loss goals are not specified. Therefore, there is no medical necessity for the [REDACTED] program at this time.