

<b>Case Number:</b>	CM13-0034710		
<b>Date Assigned:</b>	12/11/2013	<b>Date of Injury:</b>	09/09/2011
<b>Decision Date:</b>	01/28/2014	<b>UR Denial Date:</b>	10/01/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/15/2013

### 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 and Cardiology, has a subspecialty in Cardiovascular Disease and is licensed to practice in Texas. 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:

The patient is a 45 year old female who reported an injury on 09/09/2011. The mechanism of injury was the patient felt a pop in the lateral right ankle while walking on a flat surface. The patient complained of pain to the right ankle. The patient was diagnosed with an ankle sprain. The patient was treated with physical therapy as well as acupuncture but the pain persisted. An MRI showed a peroneal tear on the right. The patient was casted for a month. Subsequently, the patient had surgery to repair the peroneal tear and post-surgical physical therapy. The patient continued to complain of right ankle pain. The clinical documentation stated the patient is 5 feet 8 inches tall and weighs 330 pounds. The clinical documentation stated the patient has tried to exercise at home but the ankle caused too much pain and the patient has gained quite a bit of weight from being sedentary. The patient has been diagnosed with depression, anxiety and has had problems with sleep.

### 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 Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation  
[http://jama.jamanetwork.com/article.aspx?articleid=181605;](http://jama.jamanetwork.com/article.aspx?articleid=181605)  
[http://ajcn.nutrition.org/content/82/1/222S.full.](http://ajcn.nutrition.org/content/82/1/222S.full)

**Decision rationale:** CA MTUS, ACOEM nor ODG address the request. The clinical documentation submitted for review dated 08/28/2013 indicates that the patient complained of ankle pain post-surgical peroneal tear repair and physical therapy. The documentation also states the patient has tried home exercise but complained that the ankle caused too much pain and that the patient is currently 330 pounds. Although studies show that weight loss and exercise lead to overall better health, the clinical documentation submitted for review does not show that the patient has attempted personal diet modification for weight loss. As such, the request is non-certified.