

<b>Case Number:</b>	CM13-0034734		
<b>Date Assigned:</b>	12/11/2013	<b>Date of Injury:</b>	11/15/2012
<b>Decision Date:</b>	02/07/2014	<b>UR Denial Date:</b>	09/25/2013
<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 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 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 claimant is a 44-year-old gentleman who was injured in a work-related accident on November 15, 2012. An August 27, 2013 progress report with [REDACTED] states that the claimant had diagnoses of myoligamentous lumbar sprain, lumbar spondylosis, and status post left knee arthroscopy with medial meniscectomy and chondroplasty on February 28, 2013. Subjective complaints on that date indicated orthopedic follow-up for continued low back and leg pain. It stated he was undergoing physical therapy, and he had continuing complaints of knee swelling and difficulty with squatting. Physical examination demonstrated +1 effusion with use of a single point cane, 0 to 120 degrees range of motion and crepitus. The left knee was aspirated and injected for 35ccs of clear synovial fluid at that visit. Recommendations based on the claimant's continued difficulty were for a structured weight loss program. It states that he was not a candidate for further corticosteroid injection, as he has had previous injections where he "gained 20 pounds."

### 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:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medical Disability Advisor (Presley Reed) Obesity.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation. Decision based on Non-MTUS Citation Medical Disability Advisor (Presley Reed) Obesity.

**Decision rationale:** Weight loss, smoking cessation, and fitness are considered individual risk factors in the work related injury setting. While emphasis on aerobic conditioning and balanced diet may be appropriate to prevent musculoskeletal disorders, the formal use of a weight loss program for medical treatment in a work related injury cannot be supported. The specific request in this case would not be indicated at present, and is therefore non-certified.