

<b>Case Number:</b>	CM13-0039686		
<b>Date Assigned:</b>	12/20/2013	<b>Date of Injury:</b>	07/30/1998
<b>Decision Date:</b>	05/15/2014	<b>UR Denial Date:</b>	09/18/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/08/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation, has a subspecialty in Sports Medicine 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 expert 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 injured worker is a 49-year-old female who reported an injury on 07/30/1998. The mechanism of injury was not provided. The diagnoses were ankle enthesopathy, pain in joint of unspecified site and cervical facet syndrome as well as chronic pain syndrome. The documentation of 09/12/2013 revealed that the injured worker could not exercise, was taking hormonal supplements and was upset about weight gain. The injured worker was asking about a weight loss program due to gaining 40 pounds since injury. The plan included a weight loss program through [REDACTED].

### IMR ISSUES, DECISIONS AND RATIONALES

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

**A WEIGHT LOSS PROGRAM THROUGH [REDACTED]:** 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 OFFICIAL DISABILITY GUIDELINES (ODG), DIABETES CHAPTER, LIFESTYLE (DIET & EXERCISE) MODIFICATIONS

**Decision rationale:** The Official Disability Guidelines recommend lifestyle, diet and exercise modifications as first-line interventions. While it was indicated that the injured worker could not

exercise, there was a lack of documentation indicating that the injured worker tried and failed dieting. The injured worker's BMI was 34, as the height was indicated to be 64 inches, and the weight was 198 pounds. The request as submitted also failed to indicate the duration for the requested program. Given the above, the request for a weight loss program through [REDACTED] is not medically necessary.