

<b>Case Number:</b>	CM13-0043162		
<b>Date Assigned:</b>	03/12/2014	<b>Date of Injury:</b>	08/14/2013
<b>Decision Date:</b>	08/08/2014	<b>UR Denial Date:</b>	10/10/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/31/2013

### 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 and Rehabilitation and is licensed to practice in Nevada. 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 41 year-old individual who was reportedly injured on 8/14/2013. The mechanism of injury is noted as cumulative trauma. The most recent progress note, dated 9/30/2013, indicates that there are ongoing complaints of left knee pain. The physical examination demonstrated Inspection: normal gait, trace swelling no bruising, no muscle spasm, and no malalignment. No evidence of quadriceps atrophy. Muscle strength 5/5 reflexes 2+. Positive tenderness to palpation distal quadriceps, positive patellar grind test, tenderness lateral joint line, positive McMurray's, positive patellofemoral tenderness with gravitation. Pain with deep squat. No recent diagnostic studies are available for review. No previous treatment is documented. A request had been made for [REDACTED] weight loss program and was not certified in the pre-authorization process on 10/10/2013.

### 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:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Eugene K. Wai, Sebastian Rodriguez, Simon Dagenais, Hamilton Hall. The Spine Journal- January 2008 ( Vol.8, Issue 1, Pages 195-202, DOI: 10.1016/j.spinee.2007.10.024).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: The Annals of Internal Medicine, Volume 142, pages 1 through 42, January 2005, "Evaluation of Major Commercial Weight Loss Programs" by AG Tsai and TA Wadden.

**Decision rationale:** The Annals of Internal Medicine was used as a reference site for this issue. The article indicates that counseling for diet and exercise as well as behavior therapies is the mainstay treatment of obesity. The researchers indicated that nothing was provided through these programs that could not be taught to the patient through a registered dietician. Specifically the use of a low-calorie, low-fat diet with a simple home exercise program. The request for a weight loss program is deemed not medically necessary.