

<b>Case Number:</b>	CM13-0044352		
<b>Date Assigned:</b>	03/21/2014	<b>Date of Injury:</b>	10/10/2012
<b>Decision Date:</b>	06/30/2014	<b>UR Denial Date:</b>	10/22/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/29/2013

### 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 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 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 23-year-old male who reported an injury on 10/10/2012. The documentation submitted for review does not indicate the mechanism of injury. The most recent physical examination submitted was dated 03/11/2013. The clinical notes indicated the injured worker complained of low back pain, bilateral knee, ankle, and foot pain. The injured worker's height was documented at 5 feet 10 inches and the injured worker's weight was documented at 125 pounds. The document indicated that the injured worker was a healthy, pleasant, and cooperative in no emotional distress. The lumbosacral spine evaluation stated that the injured worker had tenderness at the L4-5 and L5-S1 levels and over the lumbar facets. Range of motion to the lumbar region demonstrated 20 degrees of right lateral bending, 20 degrees of left lateral bending, 40 degrees of right rotation, and 40 degrees of rotation on the left. It was noted the injured worker had a positive facet loading test slightly more to the left than to the right, straight leg raise was noted as negative, and deep tendon reflexes and motor function were intact. A Request for Authorization for medical treatment was not submitted in the documents and no rationale was noted for the request for a medically supervised weight loss program or a 1 year gym membership and physiotherapy post-injection of left ankle of 2 to 3 times a week for 4 to 6 weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MEDICALLY SUPERVISED WEIGHT LOSS PROGRAM OR A ONE YEAR GYM MEMBERSHIP AND PHYSIOTHERAPY POST-INJECTION OF LEFT ANKLE 2-3 TIMES A WEEK FOR 4-6 WEEKS: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Page(s): 109.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg Chapter, Gym Membership Other Medical Treatment Guideline or Medical Evidence: Tsai, A. G., & Wadden, T. A. (2005). Systematic review: an evaluation of major commercial weight loss programs in the United States. *Annals of internal medicine*, 142(1), 56-66.

**Decision rationale:** The request for medically supervised weight loss is not medically necessary. The Chronic Pain Medical Treatment Guidelines note physical medicine of 8 to 10 visits over 4 weeks is recommended. The Official Disability Guidelines do not recommend gym memberships as a medical prescription unless a home exercise program has not been effective and there is a need for equipment. Plus, treatment needs to be monitored and administered by medical professionals. There is no indication in the most recent clinical evaluation dated 03/11/2013, that the injured worker has failed to lose weight with a self-directed diet and exercise program. Furthermore, there is no indication in the documentation provided of the requested duration of the program or a plan to evaluate the program for efficacy. The requesting physician's rationale for the request was not adequately supported by the documents provided. According to the clinical note dated 03/11/2013, the injured worker does not have any supportive findings to indicate functional limitations requiring physiotherapy or physical medicine. Due to a lack of documentation to support the decision for medically supervised weight loss program or a 1 year gym membership and physiotherapy post-injection of left ankle 2 to 3 times a week for 4 to 6 weeks this request is not medically necessary.