

<b>Case Number:</b>	CM13-0057612		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	01/30/2007
<b>Decision Date:</b>	06/26/2014	<b>UR Denial Date:</b>	11/07/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/25/2013

### 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 Internal Medicine, 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 42 year old male who reported an injury on 01/30/2007 secondary to a fall. He underwent an open reduction and internal fixation of the left tibia on 02/02/2007. He also underwent a bone graft and hardware removal in 11/2009. According to the documentation submitted for review, the injured worker has been treated previously with physical therapy and medications. According to a clinical note dated 12/27/2011, the injured worker gained 40 pounds since the injury. He was recommended for the [REDACTED] weight loss program at that time. It was noted that he would "probably not comply with the prescription as he does not want to go on a formal diet." It was also noted that he declined a formal dietary weight loss program as he felt that an exercise program would be of more benefit to him. His weight at that time was 232 pounds. At a follow-up visit on 12/13/2012, the injured worker's weight was recorded to be 234 pounds. It was noted that the injured worker had begun a weight loss program after the last clinical visit. However, he reported that it was very difficult to get started, that the scheduling was awkward, and that he was no longer with the program. The injured worker was recommended for re-entry into a weight loss program at that time. According to the most recent clinical note on 10/24/2013, the injured worker reported pain in the left shoulder, low back, bilateral hips, and left knee. He also reported stress and high blood pressure. On physical examination, he was noted to have positive Neer's and Hawkins signs of the left shoulder as well as tenderness over the lumbosacral L5-S1. He was diagnosed with left shoulder sprain/strain, lumbar spine sprain/strain with left radicular pain, hypertension, obesity, possible sleep disorder, stress, anxiety, and depression. The injured worker was recommended for the [REDACTED] weight loss program for 3 months. A request for authorization form was submitted on 10/28/2013.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**WEIGHT LOSS PROGRAM [REDACTED] X 3 MONTHS: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Wollner, S., Blackburn, D., Spellman, K., Khaodhiar, L., & Blackburn, G. (2010). Weight-loss programs in convenient care clinics: a prospective cohort study. *American Journal Of Health Promotion*, 25(1), 26-29.

**Decision rationale:** A recent study regarding the [REDACTED] weight loss program revealed an average of 8.1% weight loss for participants over a 10-week period. The injured worker's most recently reported weight was 234 pounds. This was reported on 12/27/2012. There is no recent documentation of the injured worker's current weight. However, at 234 pounds, this study suggests that the injured worker would only experience a reduction in weight to 215 pounds if average results were achieved. This would still classify the injured worker as obese. There are no exceptional factors documented to indicate that the injured worker would experience better than average results with the [REDACTED] program. Therefore, there is insufficient evidence to indicate that the injured worker would experience significant weight loss or health benefits from the [REDACTED] program. Furthermore, there is a lack of documented evidence to indicate that the injured worker is unable to participate in a diet and self-directed exercise program at home. Additionally, the documentation submitted for review notes that the injured worker declined a formal weight loss program previously, as he did not want to go on a formal diet. The medical records also note that the injured worker did begin a weight loss program and that he did not complete this program due to scheduling conflicts. Therefore, reports of previous attempts with a weight loss program suggest that the injured worker may not complete the program in its entirety. In the absence of research indicating significant weight loss with the [REDACTED] program, and based on the injured worker's previously failed attempts with a weight loss program, the necessity of re-entry into the [REDACTED] weight loss program has not been established. As such, the request is not medically necessary and appropriate.