

Case Number:	CM13-0063454		
Date Assigned:	12/30/2013	Date of Injury:	07/26/2003
Decision Date:	06/09/2014	UR Denial Date:	11/12/2013
Priority:	Standard	Application Received:	12/10/2013

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 Family Practice 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 case involves a 48-year-old male claimant sustained a work injury on 7/26/03 involving the shoulder, neck and back. He has a diagnosis of lumbar radiculitis, bilateral shoulder adhesive capsulitis, and knee arthralgia. As a result of his injury his activity level has reduced causing him to gain weight and develop diabetes. In addition, he has developed kinesophobia and restricted movement. He has been under the care of a psychiatrist for major depression. His height is 5 ft 8 inches with a weight of 285 lbs. The claimant has attempted diet control without success. The treating physician requested a [REDACTED] weight loss program for ten (10) weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

[REDACTED] **WEIGHT LOSS:** Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACEOM, OCCUPATIONAL MEDICAL PRACTICE GUIDELINES, SECOND EDITION (2004), 7, 127.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation NATIONAL HEALTH GUIDELINES FOR OBESITY.

Decision rationale: [REDACTED] is a supervised medical weight loss program. The MTUS and ACOEM guidelines do not comment on medical weight loss. According to the national

guidelines, treatment of the overweight or obese patient is a two-step process: assessment and treatment management. Assessment requires determination of the degree of overweight and overall risk status. Management includes both reducing excess body weight and instituting other measures to control accompanying risk factors. In this case, the claimant has a body mass index (BMI) of 30, which make him morbidly obese. Management for weight loss is multi-faceted. As noted in the guidelines, the mainstay is caloric intake control and patient motivation. In this case, the claimant has developed a fear of movement, which would benefit more from motivation, education, and medical supervision along with nutrition management. The [REDACTED] program incorporates those elements and is medically necessary to avoid further health deterioration, such as diabetes, weight, and self-esteem.