

<b>Case Number:</b>	CM13-0068744		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	09/26/2006
<b>Decision Date:</b>	01/15/2014	<b>UR Denial Date:</b>	12/09/2013
<b>Priority:</b>	Expedited	<b>Application Received:</b>	12/20/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Occupational 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 physician 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:

This is a 42 -year old male who sustained a crush injury to his right upper extremity. Is has had a right middle finger amputation. Patient's date of injury is September 26, 2006. He was diagnosed diabetes in 2007. Started on diabetic medications his industrial PTP in approximately 2009/2010. He had high cholesterol prior to the accepted industrial injury. AME report dated 9/16/2013 states the patients weight gain and diabetes are industrial because the patient gained weight after his injury to his upper extremity. The patient weighed 180 pounds prior to the injury and until 2010. When he was seen by the AME he weighed 252 pounds. The patient has also been diagnosed with obstructive sleep apnea, confirmed on sleep study. On a medical report dated 10/23/13, the PTP states the patient should lose weight on an industrial basis, including a medically supervised weight loss program considering the patient is diabetic. There was no BMI or current weight in the records. The sleep study done 10/7/13 states he was 240 pounds. The patient is on lorazepam, propranolol, wellbutrin, Lexapro, abilfy, metformin, simvastatin. There are no records showing current attempts at weight loss.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**URGENT weight loss program:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation CMS 40.5

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation CMS 40.5, AETNA clinical policy bulletin (0039)

**Decision rationale:** CA MTUS does not address weight loss programs. Therefore alternate guidelines that do address weight loss were sought and used. CMS 40.5 - Treatment of Obesity does not cover treatments for obesity or supplemented fasting. It does allow for a case by case basis decision on weight loss if obesity prevents a needed surgery. This patient is not pending surgery needing weight loss. Based on Aetna Clinical Policy Bulletin (0039), criteria for the usage of weight reduction programs and/or weight reduction medications include individuals with a BMI greater than or equal to 30, or those individuals with BMI greater than or equal to 27 with complications including coronary artery disease, dyslipidemia, hypertension, obstructive sleep apnea, and/or diabetes who have failed to lose at least 1 pound a week for at least six months on a weight-loss regimen that includes a low-calorie diet, increased physical activity, and behavioral therapy. The requesting physician does not document BMI. There is no documentation of what attempts have been made to lose weight, and no documentation of comorbidities meeting the criteria for a weight loss program. The request for weight loss program is not medically necessary and appropriate.