

<b>Case Number:</b>	CM14-0005467		
<b>Date Assigned:</b>	01/24/2014	<b>Date of Injury:</b>	04/03/2013
<b>Decision Date:</b>	06/24/2014	<b>UR Denial Date:</b>	12/30/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/13/2014

### 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 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 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 patient submitted a claim for right hip osteoarthritis, and L4-L5 and L5-S1 annular tears with mild disc degeneration associated with an industrial injury date of April 3, 2013. Medical records from 2013 were reviewed. The patient complained of persistent chronic right hip pain and weight gain. Physical examination showed body mass index (BMI) of 32.2, 1+ patellar and Achilles reflexes bilaterally, bilateral hips range of motion (ROM) was 0 to 120 degrees of forward flexion, internal rotation to 20 degrees, and external rotation to 50 degrees. Gait was mildly antalgic. Treatment to date has included anti-inflammatories, physical therapy, walking, exercises, and hip intraarticular injections. Utilization review from December 30, 2013 denied the request for short meal plan for lack of documentation regarding failure of first line treatments including home exercises and self-imposed dieting.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**SHORT MEAL PLAN:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Aetna Clinical Policy Bulletin no. 0039 Weight Reduction Medications and Programs.

**Decision rationale:** The CA MTUS does not address weight loss programs specifically. Per the Strength of Evidence hierarchy, established by the California Department of Industrial Relations, Division of Workers' Compensation, the Aetna Clinical Policy Bulletin no. 0039 Weight Reduction Medications and Programs was used instead. Based on Aetna Clinical Policy Bulletin no. 0039, criteria for the usage of weight reduction programs include individuals with a body mass index (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. Patients 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 therapy may be enrolled. In this case, the patient has a BMI of 32.2 kg/m<sup>2</sup>. There were reports of doing exercises and walking up to 3 miles a day, however, there were no documentations as to any diet modifications and how long the patient has been performing exercises. Therefore, the request for short meal plan is not medically necessary.