

<b>Case Number:</b>	CM14-0130708		
<b>Date Assigned:</b>	09/22/2014	<b>Date of Injury:</b>	04/09/2012
<b>Decision Date:</b>	10/24/2014	<b>UR Denial Date:</b>	07/31/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/15/2014

### 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 Physical Medicine & Rehabilitation and is licensed to practice in Illinois. 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 56-year-old female who reported date of injury of 06/03/1996. The mechanism of injury was not indicated. The injured worker had diagnoses of right wrist tendonitis, history of carpal tunnel syndrome of the right wrist, and right wrist pain. Prior treatments included physical therapy and acupuncture. The injured worker had an EMG/NCV on 06/25/2012 with the official report indicating moderate compression of the right median nerve at the carpal tunnel by electrodiagnostic criteria, mild compression of the left median nerve at the carpal tunnel by electrodiagnostic criteria, and a normal EMG. Surgeries were not indicated within the medical records provided. The injured worker had complaints of pain in the knees bilaterally, pain in the wrists, hands and feet. The clinical note, dated 08/12/2014, noted the injured worker had tenderness to palpation, decreased range of motion, and decreased strength of an unspecified area. Medications were not indicated within the medical records provided. The treatment plan included the physician's recommendation for acupuncture, an orthopedic follow-up, and a weight loss program. The rationale was not indicated within the medical records provided. The Request for Authorization form was received on 07/24/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Weight Reduction Program:** 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 Official Disability Guidelines (ODG) Diabetes (Type 1, 2, and Gestational), Lifestyle (diet & exercise) modifications.

**Decision rationale:** The request for a Weight Reduction program is not medically necessary. The injured worker had complaints of pain in the knees bilaterally, pain in the wrists, hands and feet. The California MTUS/ACOEM Guidelines do not address this request. The Official Disability Guidelines recommend lifestyle modifications including diet and exercise as first line interventions. Reduction of obesity and an active lifestyle can have major benefits. Medical nutritional therapy must be individualized. Weight reduction is not achieved by aerobic or resistance training alone. Recent studies indicated the low fat diet resulted in the worst outcomes in terms of weight reduction. The low glycemic index diet is best for weight loss and cardiovascular disease prevention. Extreme restriction of fat or carbs can have negative effects. The best long term approach is to avoid restriction of any major nutrient, either fat or carbohydrates, and, instead focus on the quality of nutrients. A slight reduction in carbs and an increase in protein with a focus on low glycemic index/whole grain carbs and 20% to 30% of calories from protein from shellfish, fish, poultry, dairy, nuts, lentils, and beans, is the optimal diet for weight control and reduction of cardiovascular risk. Recommend a low glycemic index diet as a component of a low carbohydrate diet. Regular exercise is an important and safe first line measure for treatment. Structured exercise training of more than 150 minutes per week is associated with greater improvement than that of 150 minutes or less per week. The results provide further evidence that combining aerobic exercise with resistance training is the best approach. Even moderate levels of regular exercise can reduce risk for death by 38%. There is a lack of documentation indicative of the injured worker executing an exercise program, a diet or making lifestyle modifications. The 03/11/2004 clinical note, noted the physician's recommendation for a weight reduction program. However, there is a lack of documentation indicating the injured worker's weight with each examination to provide sufficient evidence of the injured worker's weight loss or gains, to warrant the need of a weight reduction program. As such, the request is not medically necessary.