

<b>Case Number:</b>	CM14-0031028		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	02/11/2005
<b>Decision Date:</b>	07/17/2014	<b>UR Denial Date:</b>	02/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/12/2014

### 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 49-year-old male who reported injury on 02/11/2005. The mechanism of injury was not provided. The documentation of 12/20/2013 revealed the injured worker's height was 75 inches and weight was 294 pounds. The injured worker's BMI, body mass index, would be 37.7, which is considered to be obese. The documentation indicated the injured worker was continuing to watch his diet closely. The treatment plan included to continue on current medications and continue weight loss efforts. The diagnosis included type II diabetes and marked obesity. It was indicated the injured worker was still losing weight.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Request to continue Weight Loss efforts:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Scottish Intercollegiate Guidelines Network (SIGN), Management of Obesity.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Diabetes Chapter, Lifestyle (diet & exercise) modifications.

**Decision rationale:** The Official Disability Guidelines indicate that lifestyle modifications including diet and exercise are recommended as a first line intervention. The clinical documentation submitted for review indicated the injured worker continued to lose weight. There was the lack of documentation indicating the injured worker was failing to lose weight through lifestyle modifications. The request as submitted failed to indicate the duration and the type of program being requested. Given the above, the request to continue weight loss efforts is not medically necessary.