

<b>Case Number:</b>	CM14-0038027		
<b>Date Assigned:</b>	06/25/2014	<b>Date of Injury:</b>	05/05/2009
<b>Decision Date:</b>	07/28/2014	<b>UR Denial Date:</b>	03/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/01/2014

### 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 Family Medicine and is licensed to practice in Utah. 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 is a 42-year-old female. The patient's date of injury is 5/5/2009. The mechanism of injury is not stated in the clinical documents. The patient has been diagnosed with bilateral knee pain, right shoulder pain, neck pain and low back pain. The patient's treatments have included injections, a home exercise program, physical therapy, medications, imaging studies, and surgery. The physical exam findings, (the date is illegible 1, 2, 14) show the right shoulder with healed scar from previous surgery. Forward flexion is noted at 171, abduction at 175. The knee exam showed a well-healed scar, with tenderness over the medial and lateral joint line. The knee range of motion was noted to be 0 to 120. The cervical spine was documented as painful motion. The lumbar spine was documented as painful motion. There is documentation of 2/27/2014 that states that the patient is working without restrictions. The patient's medications have included, but are not limited to, Prilosec, Ultram, and knee injections. The request is for a weight loss program.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Weight Loss Program:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medical Disability Advisor, Chapter: Obesity.

**Decision rationale:** MTUS treatment guidelines do not specifically talk about weight loss program. Therefore, other guidelines were used in this review to this specific case, and the clinical documents were reviewed. The Medical Disability Advisor Guidelines were used. While calorie restriction is recommended, and encouraged, there is no specific guideline for weight loss programs. According to the clinical documents, there is no documentation of self-attempts of weight management, including medications, exercises, and diet modifications. It is noted that the patient was recommended to start a Home Exercise Program, but there are no details of what this entailed or the results. Therefore, a specific program is not recommended. Accepting self-responsibility is the goal of the ACOEM guidelines. If the injured patient wants to attend a weight loss program, they can. There is no rationale as to why this needs to be provided, as it is not medical care. According to the clinical documentation provided and current guidelines, a weight loss program is not indicated as a medical necessity to the patient at this time.