

<b>Case Number:</b>	CM14-0044150		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	12/27/2006
<b>Decision Date:</b>	08/29/2014	<b>UR Denial Date:</b>	03/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/11/2014

### 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 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 injured worker is a 28-year-old male who reported an injury on 12/27/2006. The mechanism of injury was not provided. On 02/19/2014, the injured worker presented with left foot pain. Upon examination of the left foot, there was an antalgic gait and extreme tenderness to the dorsum and plantar aspects. There was stiffness noted in the mid foot and swelling. The diagnoses were anxiety and depression, excessive weight gain/obesity and left foot metatarsophalangeal joint abnormalities. Prior therapies included Lidoderm patches and medications. The provider recommended a [REDACTED] weight loss program. The provider's rationale was not provided. The Request for Authorization form was not included in the medical documents for review

### IMR ISSUES, DECISIONS AND RATIONALES

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

**12 Weeks of [REDACTED] Weight Loss Program:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 1 Prevention. Decision based on Non-MTUS Citation Medical Disability Advisor by Presley Reed, MD. Obesity <http://www.mdguidelines.com/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, Lifestyle modifications.

**Decision rationale:** The request for 12 weeks of a [REDACTED] weight loss program is not medically necessary. The Official Disability Guidelines state that a lifestyle modification of diet and exercise is a first-line intervention. A modified diet and an active lifestyle can have major benefits. The documentation did not indicate that the injured worker has tried and failed with personal diet and lifestyle modifications to warrant enrollment in a structured weight loss program. Additionally more information is needed as to the injured workers weight and BMI, and previous measures that were used to address weight loss. As such, the request is not medically necessary.