

<b>Case Number:</b>	CM14-0060179		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	10/20/2000
<b>Decision Date:</b>	08/11/2014	<b>UR Denial Date:</b>	04/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/01/2014

### 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 Internal Medicine and Pulmonary Diseases 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 75-year-old male who reported an injury on 10/20/2000, caused by an unknown mechanism. On 01/20/2014, the injured worker complained of continued left shoulder pain, with increased low back pain, and was unable to stand more than 5-10 minutes without severe pain. It was noted that the patient runs down both sides of the low back into the buttocks and into the groin area. The objective findings revealed the left knee had limited range of motion with significant difficulty in ambulation due to substantial low back pain. The pain radiates to the groin area and to the buttock, gluteus, and posterior aspect of both legs. On 10/17/2013, the injured worker underwent an MRI of the left knee that revealed a complex tear of the meniscus. The diagnoses included C/S, L/S sprain, strain, frozen LT shoulder, internal derangement of the bilateral knees, and plantar fasciitis of the bilateral feet. The medications included Lidoderm Patches and Vicodin. There was no VAS scale measurements or conservative care such as physical therapy or home exercise regimen listed for the injured worker. Treatment plan included for a decision on 1 weight loss program at Jenny Craig. The request for authorization was submitted on 04/08/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **1 Weight Loss Program at Jenny Craig: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: The American Journal of Clinical Nutrition. The Official Disability Guidelines do not address.

**Decision rationale:** The American Journal of Clinical Nutrition states that the effectiveness of a commercial weight-loss programs consisting of a very-low diets (VLCDS) and low calorie diets (LCDs) is unclear. It stated that a commercial weight-loss program, particularly one using (VLCD, was effective at reducing body weight in self-selected, self -paying adults. In this case, the documents that was submitted on 01/20/2014 lacked information regarding the injured worker's weight and BMI. The request lacked frequency and duration for the injured worker to attend the weight loss program. In addition, there was no documented evidence regarding the injured worker diet regimen to include home exercise regimen. Given the above, the request for 1 weight loss program at jenny craig is not medically necessary and appropriate.