

<b>Case Number:</b>	CM14-0068730		
<b>Date Assigned:</b>	07/14/2014	<b>Date of Injury:</b>	06/23/2010
<b>Decision Date:</b>	12/17/2014	<b>UR Denial Date:</b>	04/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/13/2014

### 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 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 (IW) is a 43-year-old woman with a date of injury of June 23, 2010. The mechanism of injury was not documented in the medical record. According to an October 23, 2013 Podiatry Qualified Medical Re-evaluation (QME) reports that when the IW was 1st hired, she weighed about 230 pounds; at the time she became symptomatic, she weighted between 215 and 220 pounds. This QME also cites an April 4, 2013 report from another physician that states the injured worker's body mass index (BMI) was 38. The IW told the QME examiner that she was unable to lose weight with [REDACTED]. At the time of the QME, the IW weighed 230 pounds. The IW was felt to be maximum medical improvement (MMI) and there was apportionment to pre-existing obesity and other health problems. There is no mention of the injured worker's current weight or BMI. There is no indication that there has been any functional improvement in the injured worker's chronic injury. The report states that pain is unchanged. There is no indication that the injured worker's weight problems are work-related per the QME report. Pursuant to the podiatry report dated March 12, 2014, the IW complains of pain in her heels and back of calves. She is asking for pain medications. She is still going to [REDACTED] and needs a new RX. Objective physical findings revealed pain is unchanged. There is pain to palpation of the posterior calf area. There is pain along the Achilles tendon with firm palpation. There is pain at the plantar heel. The symptoms are worse on the left side compared to the right side. She has a slightly antalgic gait. The IW has been diagnosed with Achilles bursitis or tendinitis. The provider is recommending 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 cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 6, Other Medical Treatment Guideline or Medical Evidence: <http://www.lni.wa.gov/ClaimsIns/Files/SelfIns/ClaimMgt/MedTreat.pdf>

**Decision rationale:** Pursuant to the ACOEM, the weight loss program is not medically necessary. The ACOEM guidelines do not support the use of formal weight loss programs and the management of injuries to the back, knee, knee symptoms is chronic pain. Washington state, Department of Labor and industries, Medical Aid Rules and Fee Schedule Guidelines, Obesity Treatment states obesity does not meet the definition of an industrial injury or occupational disease. Temporary treatment may be allowed when unrelated obesity condition hinders recovery from an accepted condition. See attached link for additional details. The attending physician may request a weight reduction program if the worker meets the following criteria: the worker is severely obese; and the obesity is the primary condition retarding recovery from an accepted condition; and the attending doctor documents that the worker must lose a specified amount of weight order to do one or more of the following. In this case, the injury is over three years old and classified as chronic. At the time the injured worker became symptomatic she weighed between 215 and 220 pounds. The BMI was 38. According to a QME, the injured worker was unable to lose weight with [REDACTED]. There is no mention of the patient's current weight or BMI. The injured worker has had no success losing weight with [REDACTED]. There has been no functional improvement in the patient's chronic injury. There is no indication in the medical record that the injured worker's weight problems are work-related or causally related to the work injury. The attending physician may request a weight reduction program if the worker meets the following criteria: the worker is severely obese; and the obesity is the primary condition retarding recovery from an accepted condition; and the attending doctor documents that the worker must lose a specified amount of weight order to do one or more of the following. The injured worker did not meet any of the above criteria. There were no recent weights: the obesity is not the primary condition retarding recovery; and the attending physician did not document a specified amount of weight. Consequently, the weight reduction program is not medically necessary.