

<b>Case Number:</b>	CM14-0087250		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	09/09/2011
<b>Decision Date:</b>	08/27/2014	<b>UR Denial Date:</b>	05/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/10/2014

### 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 Occupational 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 patient is a 45 year old female who was injured on 09/09/2011. The mechanism of injury is unknown. No prior treatment history has been provided. A Progress report dated 04/26/2014 states the patient complained of right foot and ankle pain with swelling; low back pain. It is noted that the patient is very angry that her requests are being denied. On exam, she has a guarded gait, tenderness and sensitivity over the right ankle. She also has tenderness of the lumbosacral spine, straight leg raise is positive as well. She is diagnosed with ankle sprain, ankle deltoid sprain and lumbosaral neuritis. She has been prescribed Norco 10/325, Pantoprazole 20mg, Butrans patch, and Cymbalta. There is documentation indicating the patient's concern about weight gain and weight loss. There are no measurable findings documenting the patient's weight. A prior utilization review dated 05/29/2014 states the request for a Medically Managed Weight Loss Program is not medically necessary as dietary instructions can be self-directed by the patient.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Medically Managed Weight Loss Program:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines; Ankle and foot.

**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:<http://www.obesityaction.org/obesity-treatments/physician-supervised-programs><http://emedicine.medscape.com/article/123702-overview>.

**Decision rationale:** The MTUS and ODG Guidelines do not specifically address this issue. This is a request for a medically managed weight loss program for a 45-year-old female with chronic right foot and ankle pain due to injury on 9/9/11. While a medically managed weight loss program may be an indicated intervention for this patient, medical records do not establish necessity. The patient's weight, current or past, is not provided. There is no discussion of prior attempts at weight loss. Detailed rationale for a weight loss program is not provided. Therefore the request is not medically necessary.