

<b>Case Number:</b>	CM14-0098877		
<b>Date Assigned:</b>	07/28/2014	<b>Date of Injury:</b>	08/11/2010
<b>Decision Date:</b>	10/03/2014	<b>UR Denial Date:</b>	06/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/27/2014

### 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 Nevada. 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 records, presented for review, indicate that this 25-year-old female was reportedly injured on August 11, 2010. The mechanism of injury was noted as a trip and fall type event resulting in a closed fracture of the ankle. The most recent progress note, dated July 22, 2014, indicated that there were ongoing complaints of catching and locking of the right ankle. Right ankle weakness was also noted. The physical examination demonstrated a decreased range of motion. Diagnostic imaging studies were not reported. Previous treatment included an open reduction internal fixation of the right medial malleolus. A request had been made for weight loss consultation and was not certified in the pre-authorization process on June 20, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Consultation with nutritionist for weight loss and management:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Pain (updated 06/10/14), Office Visits

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7 Independent Medical Examinations and Consultations, page 127

**Decision rationale:** As outlined in the guidelines, a consultation is indicated if the diagnosis is uncertain or extremely complex. In this case, the records reflect that a weight gain occurred after the injury and is purely a function of indulgence. This is not a complex or uncertain clinical situation. As such, a simple protocol of reduced caloric intake and increase exercises tolerated is all that would be necessary. Therefore, there is insufficient clinical evidence presented to establish the necessity of this request and is not medically necessary.