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| <b>Case Number:</b>   | CM14-0205661 |                              |            |
| <b>Date Assigned:</b> | 12/17/2014   | <b>Date of Injury:</b>       | 09/03/2004 |
| <b>Decision Date:</b> | 02/12/2015   | <b>UR Denial Date:</b>       | 12/05/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 12/09/2014 |

### 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 Preventive Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Iowa. 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:

This patient is a 63 year old employee with date of injury of 9/3/04. Medical records indicate the patient is undergoing treatment for internal derangement of right knee s/p arthroscopic of the right knee (1/6/06); internal derangement of right foot and ankle; chronic sprain/strain of thoracolumbosacral spine; internal derangement of the left knee; s/p total right knee replacement (12/29/11); complex tear of medial meniscus and peripheral extrusion of meniscal tissue; major depressive disorder, GAF=48; obstructive sleep apnea, severe; industrial related hearing loss, coronary artery disease, heart surgery (2010); four way bypass procedure (date unknown) and systemic hypertension; generalized anxiety disorder and pain disorder with psychological factors and a medical condition. Subjective complaints include his "knees hurt". He says he is trying to lose weight but it is very difficult to do when he can't exercise and he is depressed. Psychiatric findings include a psychiatric evaluation rating of Axis I: major depressive disorder, single episode; Axis II: no diagnosis; Axis V: Global Assessment of Functioning: low 50's on average; A Treatment has consisted of psychiatric and psychological treatment, TENS, Carisoprodol, Hydrocodone and Tramadol, Lipitor, Ecotrin, Metoprolol, Aspirin and Nifediac. The utilization review determination was rendered on 12/5/14 recommending non-certification of a Second opinion concerning medically supervised weight loss.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Second opinion concerning medically supervised weight loss: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation [www.annals.org](http://www.annals.org), Surgical Treatment of Obesity, John G. Kral, <http://www.medscape.org/viewarticle/559644>

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Reed, P, Medical Disability Advisor, Obesity 2013 AHA/ACC/TOS guideline for the management of overweight and obesity in adults: A report of the American College of Cardiology/American Heart Association Task Force on Practice Guidelines and The Obesity Society, *Circulation* 2014 S139-40

**Decision rationale:** This is a request for medically supervised Weight Loss Program. The MTUS and Official Disability Guidelines (ODG) are silent when it comes to obesity and its management. The resources used in this review are the Medical Disability Advisor by Reed and the 2013 AHA/ACC/TOS guideline for the management of overweight and obesity in adults. 2013 AHA/ACC/TOS guidelines state that the initial approach to weight loss should include an energy deficit through caloric restriction and increased exercise. The most important strategy to reduce weight is to combine diet, exercise and behavior treatments. This includes regular self-monitoring of food intake, physical activity and body weight. Although a comprehensive program may be necessary, it is emphasized that the provider makes the above interventions (caloric restricted diet and prescription exercise program) and follow up on the patient's progress. Reed's Medical Disability Advisor section on Obesity states that there are five medically acceptable treatments for obesity. Below is a summary of his recommendations: The five treatments include diet modifications, exercise, behavioral modifications, drug therapy and surgery. All these approaches together or in combination may produce weight loss and health benefits but weight regain with result in loss of these benefits. Most patients have difficulty maintaining weight loss. The cornerstone of therapy is caloric restriction with the standard recommendation for weight loss being a reduction by 500 to 1,000 calories daily. The addition of exercise will help by increasing metabolism and help replace unhealthy habits of snacking. Behavioral therapy with help with looking for cues about eating habits and ways to increase physical activity. Medications may be used but typically as adjuvants. Surgery may also be helpful in those with less severe obesity (BMI 35-40) and have co-morbid conditions (disabling joint disease, pulmonary insufficiency, hypertension or diabetes). In this case, the medical records fail to demonstrate that the injured worker has tried and failed with the conservative recommendations of caloric restriction and exercise. There is no documentation that she is on a caloric restricted diet or consultation with dietician. Given that the records do not demonstrate a failure of the cornerstone treatments for obesity (caloric restriction and exercise). As such, this request is not medically necessary.