

<b>Case Number:</b>	CM15-0008648		
<b>Date Assigned:</b>	01/27/2015	<b>Date of Injury:</b>	02/25/2002
<b>Decision Date:</b>	03/19/2015	<b>UR Denial Date:</b>	01/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/14/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Family Practice

### 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 64 year old male, who sustained an industrial injury to right lower extremity after falling off a wall on 2/25/2002. He has reported increased hip pain. The diagnoses have included brachial neuritis/radiculitis and osteoarthritis of pelvic region/thigh. Treatment to date has included medications, diagnostics, injections and physical therapy. Currently, the IW complains of sharp moderate pain in right hip which is progressively getting worse especially with walking and activities of daily living (ADL's). Magnetic Resonance Imaging (MRI) dated 8/1/14 revealed moderate right hip osteoarthritis and the x-rays of pelvis and right hip revealed early arthritis and dysplastic bump. His current height was 5 feet 9 inches and weight was 270 pounds and BMI under 3.5. He was recommended for right total hip replacement, however the surgery was denied due to weight gain. The physician requested Consultation and treatment for medical weight management. On 1/7/15 Utilization Review non-certified a request for Consultation and treatment for medical weight management, noting that there is no documentation that this injured worker could not be educated on low fat, low calorie diet and Home Exercise Program (HEP) by the primary care physician or registered dietician. The request is considered not adequately specific. The (MTUS) Medical Treatment Utilization Schedule and (ACOEM) Occupational Medicine Practice Guidelines was cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Consultation and treatment for medical weight management:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medical treatment utilization schedule (MTUS), American College of Occupational and Environmental Medicine (ACOEM) Practice Guidelines: Chapter 7, Independent Medical Evaluations and Consultations, Page 27

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Physicians, Ann Intern Med 2005 Apr 5;142(7):525-31

**Decision rationale:** According to guidelines it states for the treatment of obesity should be eating healthy and exercise. Other options include pharmacology and bariatric surgery. There is no evidence that the patient has tried any of these and thus consultation is not medically necessary