

<b>Case Number:</b>	CM15-0104577		
<b>Date Assigned:</b>	06/08/2015	<b>Date of Injury:</b>	03/07/2012
<b>Decision Date:</b>	07/09/2015	<b>UR Denial Date:</b>	05/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/01/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 46 year old female who sustained an industrial injury on 03/07/12. Initial complaints and diagnoses are not available. Treatments to date include medications and a Cam walker. Diagnostic studies are not available. Current complaints include low back and knee pain. Current diagnoses include degenerative joint disease, degenerative disc disease, and obesity. In a progress note dated 05/04/15 the treating provider reports the plan of care as a medically supervised weight loss program for 4 months. The requested treatment is a medically supervised weight loss program for 4 months.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Medically Supervised Weight Loss Program x 4 Months:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (1) Tsai AG, Wadden TA. Systematic review: An evaluation of major commercial weight loss programs in the United States. Ann Intern Med.

2005; 142 (2) Wadden TA, Berkowitz RI, Womble LG, et al. Randomized trial of lifestyle modification and pharmacotherapy for obesity. N Engl J Med. 2005; 353 (20): 2111-2120.

**Decision rationale:** The claimant sustained a work injury in March 2012 and continues to be treated for low back and knee pain. When seen, she had decreased range of motion and positive straight leg raising. The claimant BMI is approximately 52. In terms of weight loss, controlled trials are needed to determine the amount of weight lost and health benefit associated with weight loss programs. In this case, there is no evidence that the claimant has failed a non supervised weight loss program including a low calorie diet and increased physical activity, which might include a trial of pool therapy since she has knee pain. The requested weight loss program is not medically necessary.