

<b>Case Number:</b>	CM15-0144053		
<b>Date Assigned:</b>	08/05/2015	<b>Date of Injury:</b>	04/16/2010
<b>Decision Date:</b>	09/01/2015	<b>UR Denial Date:</b>	06/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/24/2015

### 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: Utah, Arkansas

Certification(s)/Specialty: Family Practice, Sports Medicine

### 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 55 year old male who sustained an industrial injury on 04-16-10. Initial complaints and diagnoses are not available. Treatments to date include medications, a scooter, and foot orthotics. Diagnostic studies are not addressed. Current complaints include worn out times on his scooter and a broken lift strap, as well as pain in the right hip and left knee. Current diagnoses include right hip sprain and strain, diabetic neuropathy, left knee contusion, morbid edema, severe pitting edema of the lower extremities, seasonal affective disorder, sleep disturbance and diabetes. In a progress note dated 06-12-15 the treating provider reports the plan of care as Norco, scooter maintenance with new lift strap, custom orthotic shoes, and a medically supervised weight loss program. The requested treatment is a [REDACTED] weight loss program.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**[REDACTED] Weight Loss Program: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medical Disability Advisor-Chapter, Obesity.

**Decision rationale:** MTUS treatment guidelines do not specifically talk about weight loss program. Therefore, other guidelines were used in this review to this specific case, and the clinical documents were reviewed. The Medical Disability Advisor Guidelines were used. While calorie restriction is recommended, and encouraged, there is no specific guideline for weight loss programs. Therefore, a specific program is not recommended. Accepting self-responsibility is the goal of the ACOEM guidelines. If the injured patient wants to attend a weight loss program, they can. There is no rationale as to why this needs to be provided, as it is not medical care. According to the clinical documentation provided and current guidelines, a weight loss program is not indicated as a medical necessity to the patient at this time. Therefore, the request is not medically necessary.