

<b>Case Number:</b>	CM15-0194928		
<b>Date Assigned:</b>	10/08/2015	<b>Date of Injury:</b>	08/14/2010
<b>Decision Date:</b>	11/18/2015	<b>UR Denial Date:</b>	09/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/05/2015

### 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: North Carolina

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:

This is a 55 year old female with a date of injury of August 14, 2010. A review of the medical records indicates that the injured worker is undergoing treatment for lumbosacral strain, lumbosacral degenerative disc disease, right knee osteoarthritis, industrial related weight gain, and bilateral carpal tunnel syndrome. Medical records dated May 12, 2015 indicate that the injured worker complained of right wrist pain rated at a level of 5 to 6 out of 10 and 3 to 4 out of 10 at rest with tingling and numbness, left wrist pain rated at a level of 3 to 4 out of 10, numbness in the left hand, lower back pain rated at a level of 3 out of 10 and 5 to 7 out of 10 activity, spasms in the lower back, right knee pain rated at a level of 2 to 3 out of 10 and 7 to eight out of 10 with activity, weight gain, anxiety, and depression. A progress note dated August 11, 2015 documented complaints of swelling and pain if the right knee following a recent fall. Per the treating physician (August 11, 2015), the employee has not returned to work. The physical exam dated May 12, 2015 reveals patellofemoral tenderness and medial joint line tenderness of the right knee, decreased range of motion of the right knee, and positive Tinel's and Phalen's sign on the right. The progress note dated August 11, 2015 documented a physical examination that showed ambulation with a limp in the right, use of a wraparound knee support, decreased range of motion of the right knee that has worsened since May 12, 2015, swelling of the right knee, and posterior medial and lateral joint line tenderness. The documentation (April 2, 2015 through August 6, 2015) shows that the injured worker's weight had not changed. Treatment has included medications, eight sessions of acupuncture, and knee injections. The

original utilization review (September 23, 2015) non-certified a request for a weight loss program ( [REDACTED] or [REDACTED] ).

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Weight loss program ( [REDACTED] or [REDACTED] ), QTY: 1: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) NIH, weight loss.

**Decision rationale:** Per the NIH recommendations, weight loss should be considered as follows: 1. Lower blood pressure, 2. Lower elevated levels of total cholesterol, LDL and triglycerides, 3. Lower elevated levels of blood glucose levels, 4. Use BMI to estimate relative risk of disease, 5. Follow BMI during weight loss, 6. Measurement of waist circumference, 7. Initial goal should be to reduce body weight by 10%, 8. Weight loss should be 1-2 pounds per week for an initial period of 6 months, 9. Low calorie diet with reduction of fats is recommended, 10. Individual diet that is helped to create a deficit of 500-1000 kcal/day should be used, 11. Physical activity should be part of any weight loss program, 12. Behavioral therapy is a useful adjunct when incorporated into treatment. While weight loss is indicated in the treatment of both obesity and chronic pain exacerbated by obesity, there is no details given about neither the recommended program nor documentation of previous weight loss attempts/activities. Therefore, there is no way to see if the requested program meets NIH standards. Therefore, the request is not certified.