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| <b>Case Number:</b>   | CM15-0195894 |                              |            |
| <b>Date Assigned:</b> | 10/09/2015   | <b>Date of Injury:</b>       | 10/14/2011 |
| <b>Decision Date:</b> | 11/18/2015   | <b>UR Denial Date:</b>       | 09/28/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 10/06/2015 |

### 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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 57-year-old female, with a reported date of injury of 10-14-2011. The diagnoses include lumbar spine sprain and strain, chronic low back pain, bilateral knee sprain, and bilateral knee osteoarthritis. Treatments and evaluation to date have included Norco. The diagnostic studies to date have included a urine drug screen on 02-19-2015 which was positive for opiates; and a urine drug screen on 06-04-2014 which was positive for opiates and acetaminophen. The progress report dated 08-21-2015 is handwritten. The report indicates that the injured worker had continued bilateral knee pain with popping. The objective findings include bilateral knee tenderness, right greater than left; positive crepitus; right knee range of motion at 123-0; and left knee range of motion at 120-0. It was noted that the injured worker was retired. The request for authorization was dated 08-21-2015. The treating physician requested weight loss program for six months. On 09-28-2015, Utilization Review (UR) non-certified the request for weight loss program for six months.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Weight loss program, 6 months:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS General Approaches 2004, Section(s): General Approach to Initial Assessment and Documentation. Decision based on Non-MTUS Citation NHLBI Obesity Education Initiative Expert Panel on the Identification, Evaluation, and Treatment of Obesity in Adults (US). Bethesda (MD): National Heart, Lung, and Blood Institute; 1998 Sep.

**Decision rationale:** Weight loss program, 6 months is not medically necessary per the MTUS guidelines and the guidelines from the NHLBI. The MTUS states that to achieve functional recovery, patients must assume certain responsibilities. It is important that patients stay active or increase activity to minimize disuse, atrophy, aches, and musculoskeletal pain, and to raise endorphin levels. They must adhere to exercise and medication regimens, keep appointments, and take responsibility for their moods and emotional states. The NHLBI states that there is strong evidence that combined interventions of a low calorie diet, increased physical activity, and behavior therapy provide the most successful therapy for weight loss and weight maintenance. The documentation does not reveal that the patient has attempted sustained exercise, weight loss or diet changes independently. The request for a weight loss program is not medically necessary.