

<b>Case Number:</b>	CM15-0204215		
<b>Date Assigned:</b>	10/21/2015	<b>Date of Injury:</b>	08/07/2013
<b>Decision Date:</b>	12/04/2015	<b>UR Denial Date:</b>	09/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/17/2015

### 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: Washington, California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 49 year old female who sustained an industrial injury on 8-7-13. The medical records indicate that the injured worker was being treated for probable left hip primary and posttraumatic arthritis; right knee internal derangement, status post right knee arthroscopy (5-21-14); moderate medial compartment arthritis of the left knee; moderate exogenous obesity (BMI 33.2) associated with hypertension. Diagnostics included right knee MRI (no date) showing some degenerative changes. Treatments to date include medication (Norco, triamterene, Tylenol, Motrin); physical therapy to the right knee with no change in condition; right knee cortisone injection with no change in condition; and home exercise program (she had lost 4 pounds per 7-28-15 note). The provider's progress note on 9-22-15 reported that the injured worker continued to complain of constant right knee pain with radiation of pain from the knee to the outside of the thigh to the buttocks; constant left knee tightness with popping out of socket and giving way; constant right thigh pain; constant left hip pain; occasional lower back pain and muscle spasm and burning; daily headaches treated with Tylenol. The injured worker noted complete independence performing activities of daily living but does them carefully and slowly. She has gained over 50 pounds since her injury. On physical exam there was tenderness on palpation of left hip anteriorly, popping and crepitus during range of motion of bilateral knees and bilateral tenderness along the medial joint line. On 9-29-15, utilization Review non-certified the request for a 3 month medi-fast medical weight loss program.

### IMR ISSUES, DECISIONS AND RATIONALES

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

### **3 Month medi-fast medical weight loss program: 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 Jensen MD, et al. 2013 AHA/ACC/TOS Guideline for the Management of Overweight and Obesity in Adults: A Report of the American College of Cardiology/American Heart Association Task Force on Practice Guidelines and The Obesity Society. J Am Coll Cardiol. 2014; 63 (25\_PA).

**Decision rationale:** Medi-fast is a calorie-restricted program to help individuals lose weight. It uses commercially prepared prepackaged meals. Obesity is a significant disease process in America and can have a profound impact on health. Weight loss can be effective in lessening pain associated with joint disease involving weight-bearing joints. Dietary approaches to obesity can produce weight loss in overweight and obese adults. The MTUS does not comment on use of dietary weight loss to control pain. However, the American College of Cardiology/American Heart Association Task Force on Practice Guidelines and The Obesity Society noted that there was only low strength of evidence to support comprehensive lifestyle interventions, such as [REDACTED], to lose and maintain weight loss. As there is a paucity of scientific evidence or clinical practice guideline support for this program, a Medi-fast program for weight loss is not medically necessary.