

<b>Case Number:</b>	CM15-0205868		
<b>Date Assigned:</b>	10/22/2015	<b>Date of Injury:</b>	07/10/2014
<b>Decision Date:</b>	12/03/2015	<b>UR Denial Date:</b>	09/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/19/2015

### 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:

The injured worker is a 48 year old male who sustained an industrial injury on 07-10-2014. According to a progress report dated 08-19-2015, the injured worker reported right and left wrist and hand pain, lumbar spine pain and right and left knee pain and sleep disturbance. Examination of the bilateral knees demonstrated palpable tenderness and crepitation of the bilateral patellofemoral joints. There was palpable tenderness of the bilateral medial and lateral joint margin. The injured worker reported bilateral knee pain with range of motion. McMurray's test, Apley Compression test and Clarke's sign was positive on the right and left. Examination of the lumbar spine demonstrated decreased range of motion with flexion, extension and right and lateral bending. Straight leg raise was positive on the right and left at 45 degrees. Standing Kemp's test and Patrick-Fabere's test was positive on the right and left. Current weight was 360 pounds. The injured worker was advised that he should go on a regular diet with good nutrition to try to lose weight. Diagnostic impression included cumulative trauma from repetitive motion, right wrist strain sprain, right medial nerve neuritis, left wrist strain sprain, left median nerve neuritis, lumbar spine strain sprain with myalgia, lumbar spine disc displacement, lumbar spine radiculitis, right knee patellofemoral syndrome, right knee internal derangement, left knee patellofemoral syndrome, left knee internal derangement, reported depression and anxiety and reported sleep disturbance. The injured worker was temporarily totally disabled. The treatment plan included electrodiagnostic studies of the cervical spine and upper extremities. The provider noted that authorization was being requested for a medically managed weight loss program to stave off the necessity of a total arthroplasty of the bilateral knees and that weight loss would be

significant in alleviating his lumbar spine and bilateral knee orthopedic injuries. An authorization request dated 09-15-2015 was submitted for review. The requested services included "weight loss". On 09-29-2015, Utilization Review non-certified the request for a weight loss program.

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

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

**Weight loss program:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Clinical Policy Bulletin: Weight Reduction Medications and Programs - Number: 0039.

**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:** The California MTUS, the ACOEM and the ODG do not specifically address the requested service. PER the NIH recommendations, weight loss should be considered to: 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. an 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 are no details given about the neither 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 medically necessary.