

Case Number:	CM15-0021287		
Date Assigned:	02/10/2015	Date of Injury:	03/10/2006
Decision Date:	03/25/2015	UR Denial Date:	01/19/2015
Priority:	Standard	Application Received:	02/03/2015

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: California

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 female sustained an industrial injury on 3/10/06, with subsequent ongoing bilateral upper extremity, back and neck pain. Treatment included left rotator cuff repair, bilateral carpal tunnel release, H-wave unit and medications. In a visit note dated 1/2/15, the injured worker complained of bilateral upper extremity pain. The injured worker continued to work full duty despite ongoing pain. The injured worker hoped to have a future bariatric surgery. The physician noted that the injured worker had gained quite a lot of weight since the injury date and was moderately obese. Physical exam was remarkable for an antalgic gait, normal muscle tone in bilateral upper extremities, positive Tinel's at bilateral carpal tunnel with normal motor exam throughout. No vital signs or physical measurements were included in the physical assessment. The injured worker denied any significant past medical history. Current diagnoses included shoulder joint pain, lumbar degenerative disc disease, neck pain and carpal tunnel syndrome. The treatment plan included continuing medications (Protonix, Diclofenac Sodium, Naproxen and Tramadol) and requesting authorization for a medically supervised weight loss program. On 1/19/15, Utilization Review noncertified a request for a weight loss program, citing the Medical Disability Advisor by [REDACTED]. As a result of the UR denial, an IMR was filed with the Division of Workers Comp.

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 Medical Disability Advisor by [REDACTED]; Obesity

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Tsai and Wadden: A systematic review: An evaluation of major commercial weight loss programs in the United States. *Annals of Internal Medicine* 2005;142:56-66 and Heshka et al: Weight Loss with Self-Help compared with a Structured Commercial Program: A randomized trial. *JAMA* 2003; 289: 1792-98.

Decision rationale: There is no comment from the ACOEM Guidelines, the MTUS/Chronic Pain Medical Treatment Guidelines, the Official Disability Guidelines, the National Guidelines Clearinghouse or the Cochrane Database on the effectiveness of commercial weight loss programs. However, there are often cited research articles on this subject. One of the most commonly cited articles is by Tsai and Wadden; A Systematic Review: An Evaluation of Major Commercial Weight Loss Programs in the United States. *Annals of Internal Medicine* 2005; 142: 56-66. The most notable finding of this systematic review was as follows: "These programs were associated with high costs, high attrition rates, and a high probability of regaining 50% or more of lost weight in 1-2 years." Heshka and colleagues performed a multicenter randomized trial comparing a self-help program with a structured commercial program. At 2 years there were no significant differences in outcomes between the programs (Heshka S, et al. *Weight Loss with Self-Help Compared with a Structured Commercial Program: A Randomized Trial.* *JAMA* 2003;289:1792-8). In summary, there is no substantive evidence based on a rigorous assessment of the available medical literature to support the use of a weight loss program as superior to a patient's own self-directed program. These requested services are not considered medically necessary.