

<b>Case Number:</b>	CM15-0033189		
<b>Date Assigned:</b>	02/25/2015	<b>Date of Injury:</b>	11/12/2010
<b>Decision Date:</b>	04/08/2015	<b>UR Denial Date:</b>	02/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/23/2015

### 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: New Jersey

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 38 year old male, who sustained an industrial injury on 11/12/10. He has reported exposure to diacetyl. The diagnoses have included bronchiolitis obliterans with far advanced, debilitating lung disease, gout with acute gouty arthritis of right upper extremity and morbid obesity. Treatment to date has included inhaled medications, oral medications and supplemental oxygen. Currently, the injured worker complains of continued shortness of breath. On 10/14/14 it is noted he tried unsuccessfully as an outpatient for weight loss and failed miserably, he is oxygen dependent. On 2/10/15 Utilization Review non-certified supervised inpatient weight loss program, noting the lack of documentation to support tried and failed weight loss with diet and exercise prior to the request of supervised weight loss program. The ODG was cited. On 2/19/15, the injured worker submitted an application for IMR for review of supervised inpatient weight loss program.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 Supervised inpatient weight loss program:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG),

Treatment Index, 11th Edition (web), 2014, Diabetes (Type 1, 2, and Gestational)/Lifestyle (diet & exercise) modifications.

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

**Decision rationale:** The MTUS is silent regarding weight loss programs. The ODG, however, states that lifestyle modifications such as dietary changes and exercise are particularly recommended as first-line interventions for the treatment of diabetes and obesity. The low-glycemic-index diet is best for weight loss and cardiovascular disease prevention. Extreme restriction of healthy whole food sources of fats or complex carbs can have bad effects, however. The best long-term approach is to avoid restriction of any major nutrient, either fat or carbohydrate, and instead focus on the quality of nutrients from whole foods, primarily plant-based. The argument that the food industry makes, that all foods can be part of a healthful diet as long as you watch calories, is misleading. Primary to considering any weight loss program, an attempt with individualized dietary and exercise advice by the provider should come first. In the case of this worker, who is reportedly obese, he had tried to lose weight before but without much success and was recommended supervised inpatient weight loss program. However, there was insufficient detail mentioned in the documentation to describe what was tried and the reason for failure to justify any additional help with weight loss, such as a weight loss program. Also, the details of the program were not provided, which would be required before being able to approve or disapprove of the advice. Also, supervised programs generally are not helpful in the long run, as most patients will gain back the weight when unsupervised again. Therefore, the supervised inpatient weight loss program will be considered medically unnecessary at this time.